CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commiss 00084939	ion Filers)	2 Total pages file 52	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	Ms.	Shelley A.			Date Received	
					ELECTRONICAL	LY FILED
	NICKNAME			CUEEIV	10/07/2024	
	NICKNAME	LAST Luther		SUFFIX	10/07/2024	
		Lutrier				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or D	Date Postmarked
OFFICEHOLDER MAILING	587 White Mound Rd.					•
ADDRESS					Receipt #	Amount
Change of Address	Sherman, TX 75090					
	,				Date Processed	
					Date Imaged	
					Date imageu	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Timothy A.		1411		
NAME	IVII.	Tilliotity A.				
	NICKNAME	LAST		SUFFIX		
		Georgeff				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STAT	E; ZIP CODE
ADDRESS	587 White Mound Rd.					
(Residence or Business)						
	Sherman, TX 75090					
7 CAMPAIGN	AREA CODE PHON	IE NILIMDED - E	VTENCION			
TREASURER		IE NUMBER E	EXTENSION			
PHONE	(817) 291-8384					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after cam	naign treasurer
		G cour day belore		L	appointment (office	holder only)
	July 15	8th day before 6		Exceeded modified	Final Report (Attac	h C/OH-FR)
			Į.	eporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	IROUGH	09/26/2024	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)		I	12 OFFICE SOUGHT	(if known)	
III OFFICE	Of FICE FIELD (II ally)			State Representa		
				State Represent	anve District 62	
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 52

13 C / OH NAME	Luther, Shelley A. (M	s.)	14 Filer ID (I	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	X GENERAL	Texas Realtors PAC		
		COMMITTEE ADDRESS		
	SPECIFIC			
		тх		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
		TX		
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (OTHER THA	N DI EDGES I OANS	1
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 32,826.34
EXPENDITURE TOTALS		ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 12,608.06
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 32,419.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		Mo	Challey A. Luther	
			Shelley A. Luther f Candidate or Officehold	der
		Olymater of	Canadate of Officeriole	701
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
		aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH COVER SHEET PG 3 3 of 52 18 FILER NAME Luther, Shelley A. (Ms.) 19 Filer ID 00084939 20 SCHEDULE SUBTOTALS

18 FILER NAM		19 Filer ID	(Ethics Commission Filers)				
	elley A. (Ms.)	00084939	1				
20 SCHEDULE NAME OF S			SUBTOTAL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 32,826.34				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS						
4.	4. SCHEDULE E: LOANS						
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$				
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 CONTRIBUTION	DNS	\$				
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER						
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/15 Rpt: 4/52	
2	FILER NAME Luther, Shell	ey A. (Ms.)		3	Filer ID (Ethics Commission 00084939	n Filers)
4	Date 09/07/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$120.00
_	Deignaignal	Van Alstyne, TX 75495	O. Frankrian (Cas Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#: Apartment Association of Greater Dallas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Dringinal occu	Irving, TX 75038 pation / Job title (See Instructions)	Employer (See Instructions	·/-		
	Fillicipal occu	oalion7 300 title (See mstructions)	Employer (See instructions	·)		
	Date 08/31/2024	Full name of contributor out-of-state PAC (ID#:_ Apple, Stacy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$120.00
		SHERMAN, TX 75090				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 08/31/2024	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$80.00
	Principal occu	Denison, TX 75021 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 08/28/2024	Full name of contributor out-of-state PAC (ID#:_Aulson, Katrina Contributor address; City; State; Zip Code Waxahachie, TX 75165			Amount of Contribution (\$)	\$120.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 2/15 Rpt: 5/52
2	FILER NAME Luther, Shell	ey A. (Ms.)		3	Filer ID (Ethics Commission Filers) 00084939
4	Date 09/11/2024	 Full name of contributor	D#:)	7	Amount of Contribution (\$) \$80.00
_		Sherman, TX 75092	10 5 1 10 11 11		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)	
	Date 09/11/2024	Full name of contributor out-of-state PAC (IE Brewer, Cynthia Contributor address; City; State; Zip Code Sherman, TX 75092			Amount of Contribution (\$) \$80.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)	
	Date 09/02/2024	Full name of contributor out-of-state PAC (IE Brooks, Britton Contributor address; City; State; Zip Code Sherman, TX 75090	D#:)		Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)	
	Date 08/30/2024	Full name of contributor out-of-state PAC (III Bryan Jones, Kathy Contributor address; City; State; Zip Code Tom Bean, TX 75489			Amount of Contribution (\$) \$120.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)	
	Date 09/12/2024	Full name of contributor out-of-state PAC (IE Bucy, Aaron Contributor address; City; State; Zip Code Sherman, TX 75090	D#:)		Amount of Contribution (\$) \$120.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
			'		

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 3/15 Rpt: 6/52	
2	FILER NAME Luther, Shell	ley A. (Ms.)			3	Filer ID (Ethics Commission 00084939	on Filers)
4	Date 09/24/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$250.00
		Frisco, TX 75033					
8	Principal occu Pastor	pation / Job title (See Instructions)	9	Employer (See Instructions Kingdom Life Internation			
	Date 09/01/2024	Full name of contributor out-of-state PAC (ID#:_ Buskirk, Sara Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Sadler, TX 76264 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	i illicipai occu	pation / 300 tale (See Instructions)		Employer (See instructions	,,		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ Cammack & Strong P.C. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 09/11/2024	Full name of contributor out-of-state PAC (ID#:_ Charter Schools Now PAC Contributor address; City; State; Zip Code Austin, TX 78704)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ Conservative Republicans of Texas PAC Contributor address; City; State; Zip Code Houston, TX 77234)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
		·					

	MONET	ARY POLITICAL CONTRIE	ONS		SCHEDULI	E A1	
	The Instru	ction Guide explains how to comple	te this f	orm.	1	Total pages Schedule A1: Sch: 4/15 Rpt: 7/52	
2	FILER NAME Luther, Shell	ey A. (Ms.)			3	Filer ID (Ethics Commission 00084939	r Filers)
4	Date 08/28/2024	 Full name of contributor	PAC (ID#:_		7	Amount of Contribution (\$)	\$60.00
8	Principal occu	Plano, TX 75075 pation / Job title (See Instructions)		9 Employer (See Instructions	(;		
_	Date	Full name of contributor out-of-state	DAC (ID#:)		Amount of Contribution (\$)	
	08/28/2024	Covington, Shirley				Amount of Contribution (\$)	\$180.00
	Principal occu	Sherman, TX 75092 pation / Job title (See Instructions)		Employer (See Instructions			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Date 08/31/2024	Full name of contributor out-of-state PAC (ID#:) Cox, Jeremy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$181.80
	Deinsinal	Sherman, TX 75092		Familia var (Cala Instructiona	_		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	')		
08/31/2024 Cutler, Todd		Full name of contributor out-of-state Cutler, Todd Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Physician	Savoy, TX 75479 pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 08/30/2024	Full name of contributor out-of-state Davis, Betty Contributor address; City; State; Zip Code	PAC (ID#:_			Amount of Contribution (\$)	\$120.00
		Denison, TX 75021					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 5/15 Rpt: 8/52	
2	FILER NAME Luther, Shell	ley A. (Ms.)				3	Filer ID (Ethics Commission 00084939	on Filers)
4	Date 09/19/2024	5 Full name of contributor Ewing, Tony6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2,500.00
_		Farmersville, TX 75442	,	_	5 1 (0 1 1 1	<u></u>		
8	Executive	pation / Job title (See Instruction	s)	9	Employer (See Instructions Advanced Fixtures Inc	5)		
	Date 09/02/2024	Full name of contributor Fritcher, Sam R Contributor address; City; S)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Plano, TX 75024 pation / Job title (See Instruction	s)		Employer (See Instructions	 ;)		
	Retired Retired			Retired				
	Date 09/02/2024	Full name of contributor Fritcher, Sammy Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
		Plano, TX 75024						
	Principal occu Retired	pation / Job title (See Instruction	s)		Employer (See Instructions Retired	5)		
	Date 08/31/2024	Full name of contributor Gaylor, Holly Contributor address; City; S Howe, TX 75459)		Amount of Contribution (\$)	\$120.00
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		
	Date 09/12/2024	Full name of contributor Goshorn, Rebecca Contributor address; City; S Denison, TX 75020	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$120.00
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		
			1					

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instruc	ction Guide explains hov	ı to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 6/15 Rpt: 9/52	
2	FILER NAME Luther, Shell	ey A. (Ms.)				3	Filer ID (Ethics Commission F 00084939	ilers)
4	Date 09/05/2024	5 Full name of contributor Griffin, Ryan6 Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$) \$1	,000.00
_	Dringing aggr	Frisco, TX 75033		_	Employer (Coo Instructions	<u></u>		
8	Land Develo	pation / Job title (See Instructions per	5)	9	Employer (See Instructions Rockhill Capital & Inves		ents	
	Date 09/01/2024	Full name of contributor Griffith, Susan Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$60.00
	5	Corinth, TX 76210	,			Ĺ		
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 08/28/2024	Full name of contributor Grooms, Dr Tom Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$120.00
		DENISON, TX 75020						
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	<u>.</u> s)		
	Date 08/28/2024	Full name of contributor Harris, Cathy Contributor address; City; S Sherman, TX 75090)		Amount of Contribution (\$)	\$80.00
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> 5)		
	Date 09/12/2024	Full name of contributor Hawkins, Keely Contributor address; City; S POTTSBORO, TX 75076)		Amount of Contribution (\$)	\$50.30
	Principal occu	pation / Job title (See Instructions			Employer (See Instructions	s)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	IS .		SCHEDUL	E A1
	The Instruc	ction Guide explains hov	ı to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 7/15 Rpt: 10/52	
2	FILER NAME Luther, Shell	ley A. (Ms.)				3	Filer ID (Ethics Commission 00084939	n Filers)
4	Date 08/30/2024	5 Full name of contributor Hill, John6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
_		Sherman, TX 75090	<u>, </u>	_		Ĺ		
8	Attorney	pation / Job title (See Instructions	5)	9	Employer (See Instructions Law Office of John Kern		Hill	
	Date 09/09/2024	Full name of contributor Jeter, Michael Contributor address; City; S					Amount of Contribution (\$)	\$200.34
	Principal occu	Bonham, TX 75418 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> 5)		
	Date 07/15/2024	Full name of contributor Johnson, Michael Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00
	Principal occu Owner	pation / Job title (See Instructions	5)		Employer (See Instructions Brentwood Public Affairs			
	Date 08/28/2024	Full name of contributor Kalbfleisch, Carl Contributor address; City; S Denison, TX 75020)		Amount of Contribution (\$)	\$150.90
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	<u>I</u> 5)		
	Date 09/12/2024	Full name of contributor Kelly, Jaymn Contributor address; City; S Denison, TX 75020	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$120.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		

MO	ONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUL	E A1
The	e Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/15 Rpt: 11/52	
	R NAME ner, Shell	ley A. (Ms.)			3	Filer ID (Ethics Commission 00084939	n Filers)
4 Date 09/0	e 04/2024	5 Full name of contributor Kerwin, Helen6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$150.00
8 Princ	cipal occu	Glen Rose, TX 76043 pation / Job title (See Instructions	;)	9 Employer (See Instructions	5)		
Date		Full name of contributor Kladova, Olga Contributor address; City; Si Sherman, TX 75092	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
Princ	cipal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
Date 08/3	e 31/2024	Full name of contributor Lawson, Brent Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$120.00
Princ	cipal occu	Van Alstyne, TX 75495 pation / Job title (See Instructions	;)	Employer (See Instructions	5)		
Date 08/3	e 30/2024	Full name of contributor Leach, Katherine Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$60.00
Princ	cipal occu	McKinney, TX 75071 pation / Job title (See Instructions	s)	Employer (See Instructions	<u>;</u>)		
Date 09/0	e 09/2024	Full name of contributor Long, Roger Contributor address; City; S Denison, TX 75021				Amount of Contribution (\$)	\$120.00
Princ	cipal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		

	MONET	ARY POLITICAL (ONS	SCHEDULE A			
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/15 Rpt: 12/52	
2	FILER NAME Luther, Shel				3	Filer ID (Ethics Commission 00084939	on Filers)
4	Date 08/31/2024	5 Full name of contributor Maddux, Mary6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$60.00
0	Dringing occur	Euless, TX 76040 pation / Job title (See Instruction	2)	Employer (See Instructions			
8	Principal occu	pation / Job title (See Instruction	o)	Employer (See Instructions	·)		
	Date 08/31/2024	Full name of contributor Marr, Josh Contributor address; City; S Van Alstyne, TX 75495	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$120.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	5)		
	Date 09/04/2024	Full name of contributor McBride, Jan Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$120.00
	Principal occu	Tom Bean, TX 75489 pation / Job title (See Instruction	5)	Employer (See Instructions	5)		
	Date 09/03/2024	Full name of contributor McDonald, Karla Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$120.00
	Principal occu	Howe, TX 75459 pation / Job title (See Instruction	5)	Employer (See Instructions	5)		
	Date 07/15/2024	Full name of contributor Moak Casey PAC Contributor address; City; S Austin, TX 78701	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instruction	5)	Employer (See Instructions	<u> </u>		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 10/15 Rpt: 13/52	
2	FILER NAME Luther, Shell	ey A. (Ms.)			3	Filer ID (Ethics Commission 00084939	on Filers)
4	Date 09/04/2024			7	Amount of Contribution (\$)	\$2,000.00	
_		Farmers Branch, TX 75234	- 1-		<u></u>		
8	Principal occu Real Estate	pation / Job title (See Instructions)	9	Employer (See Instructions Centurion American	5)		
	Date 07/03/2024				Amount of Contribution (\$)	\$50.00	
	Dallas, TX 75225				<u></u>		
	Principal occupation / Job title (See Instructions) Real Estate Employer (See Instructions Stonehollow Homes			5)			
	Date Full name of contributor out-of-state PAC (ID#:) 09/11/2024 Mulligan, Dan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$120.00		
		Sadler, TX 76264					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (II Nease, Nelson Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$)	\$1,000.00
				Employer (See Instructions Cross Oak Group	5)		
	Date 08/09/2024	Full name of contributor out-of-state PAC (II Nease, Nelson Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu Partner	pation / Job title (See Instructions)		Employer (See Instructions Cross Oak Group	s)		
			1				

MONETARY POLITICAL CONTRIBUTIONS							SCHEDULE A1		
	The Instru	ction Guide explains hov	v to complete this fo	ori	n.	1	Total pages Schedule A1: Sch: 11/15 Rpt: 14/52		
2	FILER NAME Luther, Shell	ley A. (Ms.)				3	Filer ID (Ethics Commission 00084939	on Filers)	
4	Date 09/11/2024				7	Amount of Contribution (\$)	\$500.00		
_		Austin, TX 78701		_					
8	Principal occu Attorney	pation / Job title (See Instruction	s) 	9	Employer (See Instructions Ancira Strategic Partner				
	Date Full name of contributor out-of-state PAC (ID#:) 09/04/2024 Nourse, Vicki Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$240.00			
	Sadler, TX 76264 Principal occupation / Job title (See Instructions) Employer (See Instruction				s)				
	T mioipai occa	pation 7 005 title (000 motivation			Employer (Gee mediaeleris	,,			
	Date Full name of contributor out-of-state PAC (ID#:) 09/03/2024 Petree, Janet Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$300.00				
		Whitewright, TX 75491							
	Principal occu	pation / Job title (See Instruction:	5)		Employer (See Instructions	s)			
	Date 07/15/2024	Full name of contributor Public Blueprint, LLC Contributor address; City; S Austin, TX 78701)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instruction	5)		Employer (See Instructions	5)			
	Date 09/09/2024	Full name of contributor Randles, Cathy Contributor address; City; S Bells, TX 75414	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$30.00	
	Principal occu	pation / Job title (See Instruction	5)		Employer (See Instructions	5)			

	MONET	ARY POLITICAL (E A1			
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 12/15 Rpt: 15/52	
2	FILER NAME Luther, Shel			3	Filer ID (Ethics Commissio 00084939	n Filers)	
4	Date 08/28/2024	5 Full name of contributor out-of-state PAC (ID#:) Richards, Diana 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$120.00
_	Duinning Langu	Sherman, TX 75092	2)	O Familia var (Can Instructiona			
8	Principal occu	pation / Job title (See Instruction	S)	9 Employer (See Instructions	5)		
	Date 09/03/2024					Amount of Contribution (\$)	\$60.00
	Howe, TX 75459 Principal occupation / Job title (See Instructions) Employer (See Instruction				:)		
, , , , (e					,		
	Date Full name of contributor out-of-state PAC (ID#:) 09/01/2024 Rountree, Terri Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$300.00	
		Whitewright, TX 75491					
	Principal occu	pation / Job title (See Instruction	s)	Employer (See Instructions	i)		
	Date 09/16/2024	Full name of contributor Sanders, Lesslie Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$120.00
	Savoy, TX 75479 Principal occupation / Job title (See Instructions) Employer (See Instruction				5)		
	Date 08/19/2024	Full name of contributor Sipe, Sherry Contributor address; City; S)		Amount of Contribution (\$)	\$100.00
	Principal occu	Sherman, TX 75091 pation / Job title (See Instruction	s)	Employer (See Instructions	<u> </u> ;)		
	Retired			Retired			

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/15 Rpt: 16/52	
2	FILER NAME Luther, Shell	ey A. (Ms.)		3	Filer ID (Ethics Commission 00084939	on Filers)
4	Date 09/08/2024	5 Full name of contributor out-of-state PAC (ID#:) Stanley, David 6 Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$171.50
_	<u> </u>	Leonard, TX 75452				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/12/2024 Stevens, William Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$60.00
	Gunter, TX 75058					
	Principal occupation / Job title (See Instructions) Employer (See Instruction					
	Date Full name of contributor out-of-state PAC (ID#:) 09/02/2024 Teuber, Karen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00	
		Van Alstyne, TX 75495				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/03/2024	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			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 09/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Automobile Dealers Association PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instru	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 14/15 Rpt: 17/52			
2	FILER NAME Luther, Shell			3	Filer ID (Ethics Commission 00084939	on Filers)			
4	Date 07/15/2024	5 Full name of contributor out-of-state PAC (ID#:) Texas Land Title Association PAC 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$1,000.00		
8	Principal occu	Austin, TX 78703 pation / Job title (See Instruction	2)	9 Employer (See Instructions	.)				
•	Date	Full name of contributor	•	See instructions	·)	Amount of Contribution (\$)			
	09/23/2024					Amount of Contribution (\$)	\$1,000.00		
Austin, TX 78705				Employer (See Instructions	_				
Principal occupation / Job title (See Instructions) Employer (See Instruction)					
	Date 07/01/2024					Amount of Contribution (\$)	\$4,000.00		
		Austin, TX 78701							
	Principal occu	pation / Job title (See Instruction	s) 	Employer (See Instructions	<u></u>				
	Date 09/01/2024	Full name of contributor Tilley, Whitney Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$171.50		
	Principal occu	Sherman, TX 75092 pation / Job title (See Instruction:	s)	Employer (See Instructions	5)				
	Date 08/28/2024					Amount of Contribution (\$)	\$60.00		
	Principal occu	Frisco, TX 75036 pation / Job title (See Instruction:	s)	Employer (See Instructions	5)				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 15/15 Rpt: 18/52				
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)		
4	Date Date	7, Shelley A. (Ms.) 5 Full name of contributor out-of-state PAC (ID#:)			00084939 Amount of Contribution (\$)			
	09/23/2024	Wicks, Colton & Katie 6 Contributor address; City; State; Zip Code				\$200.00		
		Cooper, TX 75432						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	i)				
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)			
	09/05/2024	Wilson, Donna				\$30.00		
		Contributor address; City; State; Zip Code						
		Bells, TX 75414						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)			
	08/29/2024	Wilson, Terisa Contributor address; City; State; Zip Code				\$120.00		
		Denison, TX 75020						
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)			
	08/06/2024	Winsett, Jadyn				\$20.00		
		Contributor address; City; State; Zip Code						
		Austin, TX 78753						
	Principal occu University of	pation / Job title (See Instructions) f Houston	Employer (See Instructions Student	i)				
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)			
	09/18/2024					\$60.00		
		Contributor address; City; State; Zip Code						
		Ravenna, TX 75476						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 1/33 Rpt: 19/52	2 FILER NAME Luther, Shelley A. (Ms.) 3 Filer ID (Ethics Commission Filers) 00084939
4	Date 07/15/2024	5 Payee name AT&T
6	Amount (\$) \$193.18	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
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 08/15/2024	Payee name AT&T
	Amount (\$) \$190.91	Payee address; City; State; Zip Code 208 S Akard St Dallas, TX 75202
	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
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/16/2024	Payee name AT&T
	Amount (\$) \$190.91	Payee address; City; State; Zip Code 208 S Akard St
		Dallas, TX 75202
	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
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 2/33 Rpt: 20/52	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	09/05/2024	American Jewish Conservatives
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$325.00	2530 REAGAN ST
		Dallas, TX 75219
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies wares
	09/26/2024	Payee name Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$114.00	1340 Poydras Street
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Donation processing fee
		Donation processing fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
H	Data	
	Date	Payee name Pay Litter Ford
	07/18/2024	Bob Utter Ford
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.46	2525 TEXOMA PKWY
		Sherman, TX 75090
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Oil Change
		Oil Change
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Se			Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abo	ove)
1	Total pages Schedule F1:	12			•			12	Filer ID	(Ethics Commissi	on Eilore)
	Sch: 3/33 Rpt: 21/52		Luther, Shelley A.	(Ms.)				•	00084939	(Ethics Commissi	on Fileis)
4	Date	5	Payee name					_			
	07/10/2024		Bucees								
6	Amount (\$)	7	Payee address;	City;	State; Zip Co	ode					
	\$41.69		4155 N GENERA	L BRUCE							
			Temple, TX 7650	1							
8	PURPOSE	(a)	Category (See Category	ories listed at the top	o of this schedule)	(b)	Description				
	OF EXPENDITURE		Travel In District				=		de of Texas. Com		
							Fuel Check if Austin	ı, TX,	officeholder living	expense	
							i uci				
9	Complete ONLY if direct	Ц,	Candidate/Officehold	er name	Office sou	l Iaht			Office he	ald 	
ľ	expenditure to benefit C/OI		odridiadic, Officeriola	ci riame	Office 30t	giit			Onice ne	,iu	
-	Date	Т	Payee name								
	08/19/2024		Bucees								
-	Amount (\$)	┢	Payee address;	City;	State; Zip Co	nde					
	\$44.93		165 State Highwa	•	Otato, E.p Ot	,					
	Ψ11.00		100 State i ligiliva	.y .							
			Hillsboro, TX 759	69							
	PURPOSE OF	(a)	Category (See Category	ories listed at the top	of this schedule)	(b)	Description				
	EXPENDITURE		Travel In District				=		de of Texas. Com officeholder living		
							Fuel	, 17	, omeendider iiving	схрепас	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officehold	er name	Office sou	ight			Office he	eld	
-	D-1-	_									
	Date 09/09/2024		Payee name								
		_	Bucees	-1:							
	Amount (\$)		Payee address;	City;	State; Zip Co	oae					
	\$40.53		4155 N GENERA	LBRUCE							
			Temple, TX 7650	1							
	PURPOSE	(a)	Category (See Category	ories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		Travel In District						de of Texas. Com		
							Fuel Check if Austin	ı, TX,	officeholder living	expense	
							i uci				
\vdash	Complete ONLY if direct	Ц,	Candidate/Officehold	er name	Office sou	<u>l</u> ight			Office he	eld	
	expenditure to benefit C/OI					-					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card F dyment	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 4/33 Rpt: 22/52	Luther, Shelley A. (Ms.)		00084939	
4 Date	5 Payee name		•	
09/23/2024	Bucees			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$40.34	165 State Highway 7			
	Hillsboro, TX 75969			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Travel In District		vel outside of Texas. Com	
LAI LINDITORE		Check if Aus	stin, TX, officeholder living	g expense
		ruei		
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office h	old
expenditure to benefit C/O		ugnt	Office In	siu
Data	T 2			
Date 09/23/2024	Payee name Bucees			
		1 -		
Amount (\$)	Payee address; City; State; Zip C	oae		
\$26.62	165 State Highway 7			
	150-barra TV 75000			
	Hillsboro, TX 75969	T		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	el outside of Texas. Com	unloto Schodulo T
EXPENDITURE	Travel In District	l <u>–</u>	stin, TX, officeholder living	
		Fuel		
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office h	eld
expenditure to benefit C/O	H			
Date	Payee name			
08/15/2024	Capitol Caf			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$9.17	1001 Congress Ave			
	Austin, TX 78704			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expense	The state of the s	vel outside of Texas. Com	plete Schedule T.
EXPENDITURE		_	stin, TX, officeholder living	g expense
		Travel Mea	l	
Operation Children	Open Michael (Office Includes as			-1.4
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ugnt	Office h	eia

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 5/33 Rpt: 23/52	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	08/16/2024	Capitol Caf
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14.32	1001 Congress Ave
		Austin, TX 78704
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel Meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/09/2024	Capitol Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	201 E 14TH ST
		STE 9
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/10/2024	Capitol Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.50	201 E 14TH ST
		STE 9
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/33 Rpt: 24/52	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	07/10/2024	Capitol Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.00	201 E 14TH ST
		STE 9
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Parking
		1 diking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
Г	Date	Payee name
	08/15/2024	Capitol Parking
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$4.00	201 E 14TH ST
		STE 9
		Austin, TX 78701
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Parking Parking
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/15/2024	Capitol Parking
H	Amount (\$)	Payee address; City; State; Zip Code
	\$3.25	201 E 14TH ST
		STE 9
		Austin, TX 78701
	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
		Parking
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Aw ee Legal S	everage Expense ards/Memorials Expe ervices astruction Guide	ense		pense ages/	Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2 FILI	ER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 7/33 Rpt: 25/52	Lut	her, Shelley A	. (Ms.)						00084939		
4	Date	5 Pay	ee name									
	09/23/2024	Cai	roline Harris C	ampaign								
6	Amount (\$)	7 Pay	ree address;	City;	State;	Zip Coo	de					
	\$250.00	436	60 CR 123									
L		Roi	und Rock, TX	78664								
8	PURPOSE		egory (See Cate			dule)	(b)	Description				
	OF EXPENDITURE		ntributions/Do			.	ļ	_		de of Texas. Comp officeholder living		
		l Cai	ndidate/Office	ioluer/Politica	ai Commit	uee	I	Contribution t				
										. ,	. 3	
9	Complete ONLY if direct		lidate/Officeholo	ler name	Of	fice soug	ght			Office he	eld	
	expenditure to benefit C/OI	H 										
	Date	Pay	ree name									
	07/01/2024	Cas	sey's									
	Amount (\$)	Pay	ee address;	City;	State;	Zip Coo	de					
	\$22.53	370	7 S US HIGH	WAY 7								
L		She	erman, TX 750)90								
	PURPOSE		egory (See Cate	ories listed at the to	p of this sched	dule)	(b)	Description				
	OF EXPENDITURE	Tra	vel In District				[<u> </u>		de of Texas. Comp officeholder living		
							l	check if Adstills, Fuel	, , ^,	aniconologi livilly	спропос	
	Complete ONLY if direct		lidate/Officeholo	ler name	Of	fice soug	ght			Office he	eld	
	expenditure to benefit C/OI	H										
	Date	Pay	ee name									
	07/05/2024	Cas	sey's									
	Amount (\$)	Pay	ree address;	City;	State;	Zip Coo	de					
	\$34.51	370	7 S US HIGH	WAY 7								
L		She	erman, TX 750)90								
	PURPOSE OF		egory (See Cate	ories listed at the to	p of this sched	dule)	(b)	Description				
	OF EXPENDITURE	Tra	vel In District				ļ	_		de of Texas. Comp officeholder living		
							I	Check if Austin, Fuel	, 1,	onicentialet living	expense	
	Complete ONLY if direct		lidate/Officeholo	ler name	Of	fice soug	ght			Office he	eld	
	expenditure to benefit C/OI	Н										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide ex	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission File	ers)
	Sch: 8/33 Rpt: 26/52	Luther, She	elley A. (Ms.)					00084939		
4	Date	5 Payee name								
	07/15/2024	Casey's								
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$40.05	3707 S US	HIGHWAY 7							
		Sherman, 1	X 75090							
8	PURPOSE OF	(a) Category (S	ee Categories listed at the top o	f this schedule)	(b)	Description				
	EXPENDITURE	Travel In D	strict			=		de of Texas. Comp		
						Fuel	, I.A.,	officeholder living	expense	
						1 401				
_	Operation ONLY if all parts	0	Carla della servica	0#:				O#: I	1-1	
9	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office sou	ıgnı			Office he	eia .	
_	Date	Dayles mama								
		Payee name								
	07/15/2024	Casey's								
	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$31.80	990 W VAN	I ALSTYNE PKWY							
		Van Alstyne	e, TX 75495							
	PURPOSE	(a) Category (S	ee Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Travel In D	strict			=		de of Texas. Com		
						_	, TX,	officeholder living	expense	
						Fuel				
					<u> </u>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	ıght			Office he	ld	
	experiantare to beriefit Great									
	Date	Payee name								
	07/18/2024	Casey's								
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$39.65	990 W VAN	I ALSTYNE PKWY							
		Van Alstyne	e, TX 75495							
	PURPOSE	(a) Category (S	ee Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Travel In D				Check if travel of	outsi	de of Texas. Comp	olete Schedule T.	
	EXPENDITORE					_	, TX,	officeholder living	expense	
						Fuel				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ceholder name	Office sou	ıght			Office he	ld	
L	experioliture to beriefit C/Of	1								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 9/33 Rpt: 27/52	Luther, Shelley A. (Ms.) 00084939	
4 Date	5 Payee name	
07/22/2024	Casey's	
6 Amount (\$) \$37.51	7 Payee address; City; State; Zip Code 3707 S US HIGHWAY 7	
	Sherman, TX 75090	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
07/23/2024	Casey's	
Amount (\$) \$45.30	Payee address; City; State; Zip Code 3707 S US HIGHWAY 7	
	Sherman, TX 75090	
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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
07/29/2024	Casey's	
Amount (\$) \$31.51	Payee address; City; State; Zip Code 990 W VAN ALSTYNE PKWY	
	Van Alstyne, TX 75495	
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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to com	nplete	e this form.
1	. •	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/33 Rpt: 28/52	Luther, Shelley A. (Ms.)		00084939
4		5 Payee name		
L	07/30/2024	Casey's		
6	Amount (\$) \$40.07	7 Payee address; City; State; Zip Code 3707 S US HIGHWAY 7	de	
	\$40.0 <i>1</i>	3707 3 03 HIGHWAT 7		
		Sherman, TX 75090		
8	PURPOSE		(h) r	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	(5) [Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Ī	Check if Austin, TX, officeholder living expense
			۲	Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ıht	Office held
ľ	expenditure to benefit C/OI		jiit	Office field
F	Date	Payee name		
	08/09/2024	Casey's		
H	Amount (\$)	Payee address; City; State; Zip Code	de	
	\$40.41	990 W VAN ALSTYNE PKWY		
		Van Alstyne, TX 75495		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) [Description
	OF EXPENDITURE	Travel In District	F	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			F	-uel
Г	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	jht	Office held
L	experialiture to benefit C/OI	1		
	Date	Payee name		
L	08/09/2024	Casey's		
	Amount (\$) \$17.74	Payee address; City; State; Zip Code 3707 S US HIGHWAY 7	de	
	Ψ17.74	3707 3 03 HIGHWAT 7		
		Sherman, TX 75090		
┝	PURPOSE		(b) r	Description
	OF EXPENDITURE	Travel In District	(=, _ [Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Ē	Check if Austin, TX, officeholder living expense
			ŀ	Fuel
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ıht	Office held
	expenditure to benefit C/OI		,	

SCHEDULE F1

Advertising Expense Ever
Accounting/Banking Fees
Consulting Expense Food
Contributions/ Donations Made By - Gift/

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/33 Rpt: 29/52	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	08/12/2024	Casey's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.95	3707 S US HIGHWAY 7
		Sherman, TX 75090
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel
		T del
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
L	08/21/2024	Casey's
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.69	3707 S US HIGHWAY 7
		Sherman, TX 75090
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel
		Fuci
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	08/30/2024	Casey's
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.95	3021 N Highway 75
		Sherman, TX 75090
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel
		Fuci
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/33 Rpt: 30/52	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	09/09/2024	Casey's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.98	3707 S US HIGHWAY 7
		Sherman, TX 75090
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/09/2024	Casey's
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.01	3707 S US HIGHWAY 7
		Sherman, TX 75090
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/19/2024	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.13	4600 N US HWY 69
		Mineola, TX 75773
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel
		T del
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete t	this form.
1	Total pages Schedule F1: Sch: 13/33 Rpt: 31/52	2 FILER NAME Luther, Shelley A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00084939
4	Date 07/15/2024	5 Payee name Circle K	
6	Amount (\$) \$46.43	7 Payee address; City; State; Zip Code 3272 Parkwood Blvd	
		Frisco, TX 75034	
8	PURPOSE OF EXPENDITURE	Travel In District	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 08/16/2024	Payee name City of Austin	
	Amount (\$) \$32.65	Payee address; City; State; Zip Code 301 West 2nd Austin, TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense arking
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 09/06/2024	Payee name City of Austin	
	Amount (\$) \$7.40	Payee address; City; State; Zip Code 301 West 2nd	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	Travel In District	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Carking
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
_			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/33 Rpt: 32/52	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	09/24/2024	Don Mclaughlin Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	343 Pecan Street
		Uvlade, TX 78801
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Contribution to Political Campaign
		Contribution to Foliated Campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	09/18/2024	Doubletree Hotel
H	Amount (\$)	Payee address; City; State; Zip Code
	\$241.12	1617 I 35 N
	,	
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Travel Hotel
	Operation ONLY if dispose	Open Fields (Office health and an annual to the control of the con
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	07/18/2024	Dry Clean City
	Amount (\$)	Payee address; City; State; Zip Code
	\$124.24	1905 TEXOMA PKWY
		Sherman, TX 75090
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Dry Cleaning Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dry Cleaning
		Dry Cleaning
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
1		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/33 Rpt: 33/52	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	08/19/2024	Dry Clean City
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$111.79	1905 TEXOMA PKWY
		Sherman, TX 75090
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Dry Cleaning Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dry Cleaning
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/24/2024	Dry Clean City
	Amount (\$)	Payee address; City; State; Zip Code
	\$118.96	1905 TEXOMA PKWY
		Sherman, TX 75090
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Dry Cleaning 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/OI	1
	Date	Payee name
	09/18/2024	Exxon
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.01	1197 IH 35 S
		Abbott, TX 76621
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. 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

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1		2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/33 Rpt: 34/52	Luther, Shelley A. (Ms.)	00084939
4	Date 09/25/2024	5 Payee name	
Ļ		Fuel City	
6	Amount (\$) \$35.19	7 Payee address; City; State; Zip Code 1715 Haltom Rd	
	Ψ55.19	1713 Haitoni Nu	
		Haltom City, TX 76117	
8	PURPOSE	-	Description
	OF EXPENDITURE	Travel In District	Check if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE		Check if Austin, TX, officeholder living expense Fuel
			ruei
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
F	Date	Payee name	
	08/05/2024	Gaylord Palms	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$101.91	6000 W OSCEOLA PKWY	
		Kissimmee, FL 34746	
	PURPOSE OF	2 (()) () () () () () () () (Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
			Meal at political event
L			200
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
⊨	Date	Davies name	
	07/05/2024	Payee name Google	
┝	Amount (\$)	Payee address; City; State; Zip Code	
	\$86.59	1600 Amphitheatre Pkwy	
		Mountain View, CA 94043	
Г	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
			Business card scanner subscription
			·
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/33 Rpt: 35/52	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	09/09/2024	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.06	1600 Amphitheatre Pkwy
		Mountain View, CA 94043
8	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 Digital storage for campaign device
		Digital storage for earnpaigh device
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/08/2024	Grassroots America
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	PO Box 130012
		Tyler, TX 75713
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Ticket
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/29/2024	Griesinger, Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$650.00	202 Beaudelaire Dr
		Weatherford, TX 76087
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense TEC Filing Services
		TECT ming Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/33 Rpt: 36/52	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	09/03/2024	Griffin Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,103.98	7111 Harvest Trail Dr
		Austin, TX 78736
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting Retainer
		Consulting Nettainer
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	07/10/2024	Payee name
		Hampton Inn
	Amount (\$)	Payee address; City; State; Zip Code
	\$241.02	3908 W BRAKER LN
		Austin, TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel Hotel
		Haverrioter
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	08/16/2024	Payee name Hampton Inn
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$387.26	3908 W BRAKER LN
		Austin, TX 78759
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Travel Hotel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Credit Card Payment The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 19/33 Rpt: 37/52	Luther, Shelley A. (Ms.) 00084939				
4	Date	5 Payee name				
	08/19/2024	Hampton Inn				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$151.31	8962 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Travel Hotel				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
Г	Date	Payee name				
	09/09/2024	Hampton Inn				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$178.87	200 SAN JACINTO BLV				
		Austin, TX 78701				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Travel Hotel				
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	09/23/2024	Hampton Inn				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$182.19	3816 S GENERAL BRUCE				
		Temple, TX 76502				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Travel Hotel				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/33 Rpt: 38/52	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	08/05/2024	Highway 11 Food Mart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.89	7860 Hwy 11
		Tom Bean, TX 75489
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District 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/OI	Candidate/Officeholder name Office sought Office held
	experiantic to benefit G/OI	<u> </u>
	Date	Payee name
	08/06/2024	Highway 11 Food Mart
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$47.00	7860 Hwy 11
		Tom Bean, TX 75489
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/26/2024	Highway 11 Food Mart
		<u> </u>
	Amount (\$) \$44.43	Payee address; City; State; Zip Code 7860 Hwy 11
	Ψ44.43	7800 Hwy 11
		Tom Boon, TV 75400
		Tom Bean, TX 75489
	PURPOSE OF	(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.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/33 Rpt: 39/52	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	09/05/2024	Highway 11 Food Mart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.99	7860 Hwy 11
		Tom Bean, TX 75489
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Daysa nama
	09/09/2024	Payee name Highway 11 Food Mart
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.44	7860 Hwy 11
L		Tom Bean, TX 75489
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fuel
		1 33.
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
H	Date	Payee name
	09/23/2024	Highway 11 Food Mart
L	Amount (\$)	<u> </u>
	\$19.72	Payee address; City; State; Zip Code 7860 Hwy 11
	Ψ13.12	7000 HWy 11
		Tana Dagar TV 75400
		Tom Bean, TX 75489
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fuel
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Legal Services	morials Expense ion Guide explair		Vages	s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed	above)
1	Total pages Cabadula F1:	2 [" [F.7.	1	2	Filor ID	(Ethics Commis	ecion Eiloro)
1	Total pages Schedule F1:			`				3	Filer ID	(Euiles Cominis	ooiuii riieis)
	Sch: 22/33 Rpt: 40/52	Luth	er, Shelley A. (Ms	.)					00084939		
4	Date	5 Paye	e name								
	08/19/2024	Holt,	Janis								
6	Amount (\$)	7 Paye	e address; City;	Sta	ite; Zip Co	ode					
	\$1,000.00	PO I	PO Box 1311								
		Silsh	ee, TX 77656								
Ļ	DUDDOGE					(1-)					
8	PURPOSE OF		gory (See Categories lis		schedule)	(D)	Description	outoi	do of Toyon Com	naloto Sobodulo T	
	EXPENDITURE	Legi	slative Session Re	ent			_		officeholder living	plete Schedule T. g expense	
							Deposit for A				
							1		1		
9	Complete ONLY if direct	Candi	date/Officeholder na	me	Office sou	laht I			Office he	eld	
9	expenditure to benefit C/O		date/Officeriolder fla	iiie	Office 300	igiit			Office In	ciu	
_											
	Date	•	e name								
L	07/29/2024	Lazy	Dog								
	Amount (\$)	Paye	e address; City;	Sta	ite; Zip Co	ode					
	\$57.10	1851	CENTRAL EXPY	'N							
		Aller	n, TX 75013								
_	PURPOSE					(h)	Description				
	OF		gory (See Categories lis		schedule)	(5)	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	FUUL	d/Beverage Expen	Se			=		officeholder living		
							Meal				
	Complete ONLY if direct	Candio	date/Officeholder na	me	Office sou	ight			Office he	eld	
	expenditure to benefit C/O										
H	Date	Pavo	e name								
	09/24/2024	•	e name < Lahood Campaiç	าก							
	Amount (\$)	,	e address; City;	Sta	ite; Zip Co	ode					
	\$250.00	4014	McCullough Ave								
		San	Anotnio, TX 7821	2							
	PURPOSE	(a) Cate	gory (See Categories lis	ted at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	Con	tributions/Donation	ns Made By						plete Schedule T.	
	TVI FIADLIONE	Can	didate/Officeholde	r/Political Com	nmittee		ш		officeholder living		
							Contribution t	:0 F	olitical Can	npaign	
	Complete ONLY if direct		date/Officeholder na	me	Office sou	ıght			Office he	eld	
L	expenditure to benefit C/O										

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 23/33 Rpt: 41/52	Luther, Shelley A. (Ms.)	00084939					
4	Date	5 Payee name	·					
	09/03/2024	Mini Mart						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$29.03	3011 TX 360						
		Euless, TX 76039						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	1 Haver in District	avel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Fuel						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	Н						
F	Date	Payee name						
	09/16/2024	Mobil Fuel Station						
┢	Amount (\$)	Payee address; City; State; Zip Code						
	\$37.06	3001 N Loy Lake Rd						
		Sherman, TX 75090						
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel In District	avel outside of Texas. Complete Schedule T.					
		│	ustin, TX, officeholder living expense					
		i dei						
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	•						
F	Date	Payee name						
	08/05/2024	NTTA Airport Parking						
┝	Amount (\$)	Payee address; City; State; Zip Code						
	\$32.00	2400 Aviation Dr						
		Dalals, TX 75261						
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel In District	avel outside of Texas. Complete Schedule T.					
	EXPENDITORE	l	ustin, TX, officeholder living expense					
		Parking						
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI		Cindo Hola					
-								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/33 Rpt: 42/52	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	07/15/2024	North Texas Toll Authority
6	Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 5900 W PLANO PKWY S
Ĺ		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 road payment
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	07/26/2024	North Texas Toll Authority
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 5900 W 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 road payment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 08/07/2024	Payee name North Texas Toll Authority
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 5900 W 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 road payment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this	s form.					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 25/33 Rpt: 43/52	Luther, Shelley A. (Ms.)	00084939					
4	Date	5 Payee name	•					
	08/28/2024	North Texas Toll Authority						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$40.00	5900 W PLANO PKWY S						
		Plano, TX 75093						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc						
	OF EXPENDITURE	I Haver in District	heck if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Toll road payment						
			• •					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	H						
F	Date	Payee name						
	09/03/2024	North Texas Toll Authority						
Г	Amount (\$)	Payee address; City; State; Zip Code						
	\$40.00	5900 W PLANO PKWY S						
		Plano, TX 75093						
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription					
	OF EXPENDITURE	Travel In District	heck if travel outside of Texas. Complete Schedule T.					
		I — I —	if Austin, TX, officeholder living expense d payment					
		.3"	roda paymoni					
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	H						
F	Date	Payee name						
	09/09/2024	North Texas Toll Authority						
Г	Amount (\$)	Payee address; City; State; Zip Code						
	\$40.00	5900 W PLANO PKWY S						
		Plano, TX 75093						
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription					
	OF EXPENDITURE		rheck if travel outside of Texas. Complete Schedule T.					
			heck if Austin, TX, officeholder living expense road payment					
			. oda paymoni					
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI							
ı								

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/33 Rpt: 44/52	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	09/25/2024	North Texas Toll Authority
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	5900 W PLANO PKWY S
		Plano, TX 75093
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Toll road payment
		Tourious paymont
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/25/2024	ParkWhiz, Inc
H	Amount (\$)	Payee address; City; State; Zip Code
	\$37.80	208 S Jefferson St
		Chicago, IL 60661
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
Г	Date	Payee name
	07/08/2024	Parking Management Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	3713 Charlotte Ave
		Nashville, TN 37209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Parking
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
l	Sch: 27/33 Rpt: 45/52	Luther, Shelley A. (Ms.)		00084939		
4	Date	5 Payee name		'		
l	09/09/2024	Parking Management Company				
6	Amount (\$)	7 Payee address; City; State; Zip Co.	de			
l	\$63.32	3713 Charlotte Ave				
l						
l		Nashville, TN 37209				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
l	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.		
Check if Austin, TX, officeholder living expense Parking						
l				raiking		
9	Complete ONLY if direct	Candidate/Officeholder name Office sour	aht	Office held		
ľ	expenditure to benefit C/OI		giit	Office field		
⊨	Date	Payee name				
l	09/09/2024	Parking Management Company				
┝	Amount (\$)	Payee address; City; State; Zip Co.	da			
l	\$8.49	3713 Charlotte Ave	ue			
l	Ψ0.43	3713 Charotte Ave				
l		Nashville, TN 37209				
L	DUDDOCE		/l-\			
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	(a)	Description Check if travel outside of Texas. Complete Schedule T.		
l	EXPENDITURE	Havei in District		Check if Austin, TX, officeholder living expense		
l				Parking		
L						
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held		
L	experialitire to benefit C/Oi	1				
l	Date	Payee name				
	08/15/2024	Procore Tower				
l	Amount (\$)	Payee address; City; State; Zip Co	de			
l	\$10.00	221 W 6TH ST				
l						
l		Austin, TX 76102				
	PURPOSE OF	,	(b)	Description		
l	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
l				Parking		
				3		
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held		
	expenditure to benefit C/OI					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
4	Sch: 28/33 Rpt: 46/52 Date	Luther, Shelley A. (Ms.) 00084939 5 Payee name
	07/25/2024	Quick Check
6	Amount (\$) \$40.28	7 Payee address; City; State; Zip Code 411 W Haning St
		Howe, TX 75459
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/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/28/2024	Quick Check
	Amount (\$) \$35.90	Payee address; City; State; Zip Code 411 W Haning St
		Howe, TX 75459
	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
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/17/2024	Payee name QuickTrip
	Amount (\$) \$29.74	Payee address; City; State; Zip Code 3624 S US Hwy 75
		Sherman, TX 75090
	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
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Sredit Gard Fayment	The Instruction Guide explains how to co	mple	ete this form.
1 To	otal pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
S	ch: 29/33 Rpt: 47/52	Luther, Shelley A. (Ms.)		00084939
4 Da	ate	5 Payee name		
09	9/12/2024	Quickverse		
6 Ar	mount (\$)	7 Payee address; City; State; Zip Co	de	
	\$39.41	201 S DEWEY AVE		
		Sherman, TX 75090		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
E	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Fuel
9 Co	omplete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ght	Office held
ex	penditure to benefit C/O	Н		
Da	ate	Payee name		
08	8/15/2024	Shell		
Ar	mount (\$)	Payee address; City; State; Zip Co	de	_
	\$51.63	3298 S INTERSTATE H		
		Waxahachie, TX 75165		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
E	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Fuel
Co	omplete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ght	Office held
ex	penditure to benefit C/O	Н		
Da	ate	Payee name		
09	9/24/2024	Shell		
Ar	mount (\$)	Payee address; City; State; Zip Co	de	
	\$37.89	11710 S IH 35		
		Jarrell, TX 76537		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
E	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Fuel
Co	omplete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
ex	spenditure to benefit C/O			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guid	Salaries	/Wages	s/Contract Labor		OTHER (enter a	category not listed above	ve)
1	Total pages Schedule F1:	2 FILER NA	AME				3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 30/33 Rpt: 48/52		Shelley A. (Ms.)					00084939		
4	Date	5 Payee na	ıme							
	08/20/2024	Slovace	k's							
6	Amount (\$)	7 Payee ad	ldress; City;	State; Zip C	ode					
	\$44.10	214 Mel	odie Dr							
		West, T	X 76691		_					
8	PURPOSE OF		(See Categories listed at the	top of this schedule)	(b)	Description				
	EXPENDITURE	Travel Ir	n District			=		ide of Texas. Com , officeholder living	plete Schedule T.	
						Fuel	, 1 ^	, onicendider living	g expense	
						. doi				
9	Complete ONLY if direct		Officeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	П								
	Date	Payee na	ıme							
	07/17/2024	Southwe	est Airlines							
H	Amount (\$)	Payee ac	ldress; City;	State; Zip C	ode					
	\$1,021.92	2702 LC	VE FIELD DR							
		Dallas, 7	TX 75235		_					
	PURPOSE OF		(See Categories listed at the	top of this schedule)	(b)	Description				
	EXPENDITURE	Travel C	out of District						plete Schedule T.	
					Check if Austin, TX, officeholder living expense Roundtrip flight to Florida					
						. to arrating mg	,			
H	Complete ONLY if direct	L Candidate	Officeholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI	Н			J					
F	Date	Payee na	me							
	08/05/2024	1 1	, Rebecca							
L				State; Zip C	odo.					
	Amount (\$) \$1,500.00	Payee ac	-	State, Zip C	oue					
	\$1,500.00	POBOX	221							
		Tom Re	an, TX 75489							
\vdash	DUDDOCE				(1.)	5				
	PURPOSE OF	1	(See Categories listed at the		(a)	Description Check if travel	oute	ide of Texas, Com	plete Schedule T.	
	EXPENDITURE	Salanes	/Wages/Contract Lab	IOI		_		, officeholder living		
						Campaign se				
						-				
Н	Complete ONLY if direct	Candidate	Officeholder name	Office so	ught			Office he	eld	
I	expenditure to benefit C/OI				-					
\vdash										
I										
L_										

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 31/33 Rpt: 49/52	Luther, Shelley A. (Ms.) 00084939								
4	Date	5 Payee name								
	07/08/2024	Star Mart								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$42.90	108 Norton St								
		Red Oak, TX 75154								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
		Fuel								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O	'								
	Date	Payee name								
	09/13/2024	Tractor Supply								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$28.12	3201 Hwy 75 N								
		Sherman, TX 75090								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Office Overhead/Rental Expense								
	EXPENDITORE	Check if Austin, TX, officeholder living expense								
		Campaign sign materials								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									
	Date	Power name								
	08/05/2024	Payee name Uber								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$96.44	1725 3rd St								
	400									
		San Francisco, CA 94158								
	PURPOSE									
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Check if Austin, TX, officeholder living expense								
		YAL Conference Uber								
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
_	Total pages Cab - dist - E4									
1	Total pages Schedule F1:									
L	Sch: 32/33 Rpt: 50/52	Luther, Shelley A. (Ms.) 00084939								
4	Date	5 Payee name								
	07/26/2024	United States Postal Service								
6	Amount (\$)									
ľ	\$185.00	7 Payee address; City; State; Zip Code								
	Φ105.00	105 BRITTON ST								
		Tom Bean, TX 75489								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF	Office Overhead/Rental Expense								
	EXPENDITURE	Check if Austin, TX, officeholder living expense								
		PO Box								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·								
_	Data	Davies name								
	Date	Payee name								
	09/16/2024	Wal-Mart Super Center								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$14.90	401 E US Hwy 82								
		Sherman, TX 75092								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
EXPENDITURE		Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
		Campaign office supplies								
		Campaign onloc supplies								
_	0 1: 01 1/4 1									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	onponditare to benefit eye.									
	Date	Payee name								
	09/18/2024	Wal-Mart Super Center								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$49.80	401 E US Hwy 82								
	ψ+0.00	101 2 00 1 111								
L		Sherman, TX 75092								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Office Overhead/Rental Expense								
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense								
		Campaign office supplies								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held										
	expenditure to benefit C/OH									

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Travel Out of District OTHER (enter a category not listed above)		
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1	Total pages Schedule F1:								(Ethics Commission Filers)			
L	Sch: 33/33 Rpt: 51/52		Luther, She	iiey A. (Ms.)						00084939		
4	Date	5	Payee name	<u> </u>								
	09/26/2024		Webconnex									
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de					
	\$501.05	1200 2nd St										
			Sacramonto	CA 05014								
Ļ	DUDE 225	_	Sacramento	, CA 30014		П	<i>n</i> :					
8	PURPOSE OF	(a)	,	ee Categories listed	at the top of this sc	hedule)	(b)	Description		df T 0	oralete Oekeadule T	
EXPENDITURE			Fees					=		de of Texas. Cor , officeholder livin	mplete Schedule T.	
								Donation pro			-5 Polito	
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	aht			Office h	neld	
	expenditure to benefit C/O		Januluale/OIII	conduct name		Onice Sou	giil			Office	iciu	
\vdash	Date	_										
	Date		Payee name									
	09/19/2024		Wix.com									
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de					
	\$29.49		500 Terry A	. Francois Bo	ulevard							
			6th Floor									
			San Francis	co, TX 94158	3							
	PURPOSE	(a)	Category /c/	ee Categories listed	at the ton of this so	hedule)	(b)	Description				
	OF	<u> </u> `	Advertising		at the top of this SC	incuuic)	. ,	_	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		9	-I				Check if Austin	, TX,	officeholder livin	ng expense	
								Website host	ing			
L		L					_		_			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held									neld			
	expenditure to benefit C/O	_										
	Date		Payee name					-				
	09/25/2024		Wix.com									
	Amount (\$)	\vdash	Payee addre	ss; City;	State	e; Zip Co	de					
	\$467.64		-	. Francois Bo			-					
	ψ10110 1		6th Floor	122.00.00								
				00 TV 041F0)							
		_		co, TX 94158								
	PURPOSE OF	(a) 		ee Categories listed	at the top of this sc	hedule)	(b)	Description	a	do of T	malata Cabadulis T	
	EXPENDITURE		Advertising	Expense						de of Texas. Cor , officeholder livin	mplete Schedule T.	
								Website host			a caponico	
									9			
_	Complete ONLY if direct	Щ	Candidate/Offi	reholder name		Office sou	tdr			Office h	neld	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								iciu				
L												
_							_		_		 	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 52/52 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Luther, Shelley A. (Ms.) 00084939 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule C2 Schedule D Schedule B(J) Schedule F4 Schedule COH-UC Schedule F2 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Luther, Shelley 8 Departure city or name of departure location 08/03/2024 9 Destination city or name of destination location 08/03/2024 Orlando 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane YAL National Convention