FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 36 00084939 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Shelley A. Ms. NAME Date Received **ELECTRONICALLY FILED** 10/28/2024 NICKNAME LAST **SUFFIX** Luther CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 587 White Mound Rd. MAILING Amount Receipt # **ADDRESS** Change of Address Sherman, TX 75090 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Timothy A. NAME NICKNAME LAST **SUFFIX** Georgeff STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 587 White Mound Rd. **ADDRESS** (Residence or Business) Sherman, TX 75090 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 291-8384 **PHONE** REPORT

January 15

Day

Day

11/05/2024

OFFICE HELD (if any)

ELECTION DATE

09/27/2024

Year

Year

July 15

Month

Month

TYPE

PERIOD

10 ELECTION

11 OFFICE

COVERED

30th day before election

8th day before election

THROUGH

Primary

X General

Runoff

Exceeded modified reporting limit

Month

ELECTION TYPE

Runoff

Special

Day

10/26/2024

12 OFFICE SOUGHT (if known)

State Representative District 62

Year

Other

15th day after campaign treasurer appointment (officeholder only)
Final Report (Attach C/OH-FR)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 36

13 C / OH NAME	14 Filer ID (100084939	Ethics Commission F	ilers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	holder's knowledge d	or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 44,29	55.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITION	CAL EXPENDITURES		\$ 8,5	56.08
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 69,70	69.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ETING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
		Ms. 9	Shelley A. Luther		
			Candidate or Officehold	der	-
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subso	cribed before me. by the s	aid	, this the	day	
		ertify which, witness my hand and seal of office.	,		
Signature of office	er administering	Printed name of officer administering	Title of officer	administering oath	-

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 36 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00084939 Luther, Shelley A. (Ms.) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 44,255.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 8,556.08 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/36	
2	FILER NAME Luther, Shell	ey A. (Ms.)			3	Filer ID (Ethics Commission 00084939	on Filers)
4	Date 10/23/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$60.00
		Sherman, TX 75092					
8	Principal occu EHS Directo	pation / Job title (See Instructions)	9	Employer (See Instructions Assa Abloy	5)		
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:_Allan, Michelle Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	Sherman, TX 75092 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
	Software En			Raytheon	·)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_Americas Future, Together Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Athen, GA 30605					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_Ameritex Pipe & Products LLC Contributor address; City; State; Zip Code Seguin, TX 78156				Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_ Associated General Contractors of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78768			•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to comple	te this forr	n.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 5/36	
2	FILER NAME Luther, Shell	ey A. (Ms.)			3	Filer ID (Ethics Commission 00084939	on Filers)
4	Date 10/23/2024	 Full name of contributor	-)	7	Amount of Contribution (\$)	\$100.00
_		Pottsboro, TX 75076	la la	5 1 (0 1 : :	<u></u>		
8		pation / Job title (See Instructions) ussage Therapist	9	Employer (See Instructions Self Employed	5)		
	Date 10/23/2024	Full name of contributor out-of-state Barnett, Ashley Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Dringinal accu	Denison, TX 75021 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	Professional			Organization Saves Live			
	Date 10/23/2024	Full name of contributor out-of-state Barnett, Rachel Contributor address; City; State; Zip Code	PAC (ID#:)	•	Amount of Contribution (\$)	\$20.00
		Dension, TX 75021					
	Principal occu Barista	pation / Job title (See Instructions)		Employer (See Instructions Niche	s)		
	Date 09/27/2024	Full name of contributor out-of-state Beer Alliance of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701	PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/23/2024	Full name of contributor out-of-state Bennie, William Contributor address; City; State; Zip Code Bells, TX 75414)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Chief Deputy	pation / Job title (See Instructions) /		Employer (See Instructions Grayson County Sheriff		Office	
			I				

	MONET	ARY POLITICAL C	ONTRIBUTIO	N	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/36	
2	FILER NAME Luther, Shell	ley A. (Ms.)				3	Filer ID (Ethics Commission 00084939	n Filers)
4	Date 09/30/2024	 5 Full name of contributor Brooks Reese, Carolyn 6 Contributor address; City; St. 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		Euless, TX 76039						
8	·	pation / Job title (See Instructions thor, Success and Health Entr		9	Employer (See Instructions Carolyn Reese Internati		al	
	Date 10/23/2024	Full name of contributor Brown, Greg Contributor address; City; St)		Amount of Contribution (\$)	\$50.00
	Principal occu Director	Denison, TX 75020 pation / Job title (See Instructions			Employer (See Instructions GCHA	<u> </u> s)		
	Date 10/16/2024	Full name of contributor Castillo, Samantha Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
	Principal occu	Sherman, TX 75092 pation / Job title (See Instructions)		Employer (See Instructions	 		
	Flight Attend				Frontier Airlines			
	Date 10/22/2024	Full name of contributor Crawley, Robert Contributor address; City; St. Denison, TX 75021	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$500.00
	Principal occu Banker	pation / Job title (See Instructions			Employer (See Instructions First United Bank, Denis	-	TX	
	Date 10/09/2024	Full name of contributor Crump, Jessica Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$120.00
	Principal occu Self employe	pation / Job title (See Instructions eed			Employer (See Instructions Crump & Company	5)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/36	
2	FILER NAME Luther, Shell	ley A. (Ms.)				3	Filer ID (Ethics Commission 00084939	on Filers)
4	Date 10/16/2024	5 Full name of contributor Davey, Richard6 Contributor address; City; States	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
_		Honey Grove, TX 75446	1.					
8	Principal occu Sales	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 10/15/2024	Full name of contributor Deason, Darwin Contributor address; City; St)		Amount of Contribution (\$)	\$4,000.00
		Dallas, TX 75219				Ĺ		
	Chairman	pation / Job title (See Instructions)		Employer (See Instructions Deason Capital Service			
	Date 10/15/2024	Full name of contributor Deason, Doug Contributor address; City; St.	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,000.00
		Dallas, TX 75229						
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Deason Capital Service			
	Date 10/09/2024	Full name of contributor Dreger, Tina Contributor address; City; St. Pottsboro, TX 75076					Amount of Contribution (\$)	\$400.00
	Principal occu RN	pation / Job title (See Instructions			Employer (See Instructions Texoma Medical Center			
	Date 09/30/2024	Full name of contributor Fowler, Daryl Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu County Judg	pation / Job title (See Instructions			Employer (See Instructions DeWitt County	s)		
			·					

	MONET	MONETARY POLITICAL CONTRIBUTIONS						LE A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 8/36	
2	FILER NAME Luther, Shell	ley A. (Ms.)				3	Filer ID (Ethics Commission 00084939	on Filers)
4	Date 10/23/2024	5 Full name of contributor Goodman, Steven6 Contributor address; City; Stephen	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
		Tom Bean, TX 75489						
8	Principal occu Educator	pation / Job title (See Instructions	s) 	9	Employer (See Instructions Tom Bean ISD	s)		
	Date 10/11/2024	Full name of contributor Gore, Rex Contributor address; City; S)	•	Amount of Contribution (\$)	\$1,200.00
	Principal occu	Austin, TX 78709 pation / Job title (See Instructions	s)		Employer (See Instructions retired	<u> </u> s)		
	Date 09/27/2024	Full name of contributor HOMEPAC OF TEXAS Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> s)		
	Date 10/23/2024	Full name of contributor Hawk, Gene Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$400.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	<u>l</u> s)		
	Date 10/24/2024	Full name of contributor Hendrickson, Lisa Contributor address; City; S Argyle, TX 76226	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00
	Principal occu CM	pation / Job title (See Instructions	(3)		Employer (See Instructions Self	5)		
			,					

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to c	omplete this forr	n.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/36	
	FILER NAME Luther, Shell	ley A. (Ms.)			3	Filer ID (Ethics Commission 00084939	n Filers)
4	Date 10/02/2024		ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$120.00
		Whitewright, TX 75491					
	Principal occu Administrativ	pation / Job title (See Instructions) /e assistant	9	Employer (See Instructions Dhi mortgage	5)		
	Date 10/02/2024	Full name of contributor ou Hughes, Gary Contributor address; City; State; Zi				Amount of Contribution (\$)	\$100.00
	Principal occu	Westminster, TX 75485 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Retired			Retired			
	Date 10/09/2024	Irizarry, Lauren	ıt-of-state PAC (ID#: p Code)		Amount of Contribution (\$)	\$40.00
		Anna, TX 75409					
	Principal occu Founder & C	pation / Job title (See Instructions) EEO		Employer (See Instructions Advocates for Texas Co		ties	
	Date 10/23/2024	Jones, Kellen	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$40.00
	Principal occu Reporter	pation / Job title (See Instructions)		Employer (See Instructions The Dallas Express	<u> </u>		
	Date 10/23/2024	Full name of contributor ou Jones, Laura Contributor address; City; State; Zi	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$80.00
		Cartwright, OK 74731					
	Principal occu Independent	pation / Job title (See Instructions) contractor		Employer (See Instructions Self	5)		

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 10/36	
2	FILER NAME Luther, Shell	ey A. (Ms.)				3	Filer ID (Ethics Commission 00084939	on Filers)
4	Date 10/15/2024	5 Full name of contributor Jones, Neal6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$5,000.00
•	Dringing Lagge	Austin, TX 78735		_	Employer (Con Instructions	<u></u>		
8	Owner -	pation / Job title (See Instructions	b)	9	Employer (See Instructions Hillco Partner	·)		
	Date 10/10/2024	Full name of contributor Keresa For Texas Contributor address; City; S)		Amount of Contribution (\$)	\$250.00
	Principal occu	McKinney, TX 75072 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> s)		
			,			,		
	Date 10/02/2024	Full name of contributor Kladova, Olga Contributor address; City; S)		Amount of Contribution (\$)	\$100.00
		Sherman, TX 75092						
	Principal occu Owner	pation / Job title (See Instructions	s) 		Employer (See Instructions Bald and Beauty LLC	5)		
	Date 10/02/2024	Full name of contributor Kopulos, Marion Contributor address; City; S Van Alstyne, TX 75495)		Amount of Contribution (\$)	\$60.00
	Principal occu None	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	s)		
	Date 10/16/2024	Full name of contributor Krueger, Adriana Contributor address; City; S Sherman, TX 75090	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Principal occu Dietitian	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/36	
2	FILER NAME Luther, Shel	ley A. (Ms.)			3	Filer ID (Ethics Commission 00084939	n Filers)
4	Date 09/27/2024	5 Full name of contributor Longbow Consulting Parti6 Contributor address; City; St)	7	Amount of Contribution (\$)	\$250.00
		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/23/2024	Full name of contributor McCall, Susan Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu	Lucas, TX 75002 pation / Job title (See Instructions)	Employer (See Instructions			
	Account mai)	Employer (See Instructions Adaptive	')		
	Date 10/09/2024	Full name of contributor McNamara, Chloe Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$60.00
	Principal occu	Gainesville, TX 76240 pation / Job title (See Instructions)	Employer (See Instructions			
	Staff accoun)	Hess & Rohmer	')		
	Date 10/23/2024	Full name of contributor McNamara, Denise Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00
	Principal occu Consultant	Dallas, TX 75231 pation / Job title (See Instructions)	Employer (See Instructions McNamara Media LLC	<u> </u>		
	Date 10/23/2024	Full name of contributor McNamara, Denise Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$40.00
L		Dallas, TX 75231					
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions McNamara media LLC)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to com	plete this forr	m.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 12/36	
2	FILER NAME Luther, Shell	ey A. (Ms.)			3	Filer ID (Ethics Commission 00084939	n Filers)
4	Date 10/06/2024	McVoy, Shayne	-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
_		Mt. Vernon, TX 75457	1-				
8	Principal occu Ranch work	pation / Job title (See Instructions)	9	Employer (See Instructions Self employed	5)		
	Date 10/23/2024	Full name of contributor out-of- Milam, Charles Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$20.00
	Principal occu	Winthrop, AR 71866 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	Pipe fittings	pation / Job title (See Instructions)		Self employed)		
	Date 10/23/2024	Full name of contributor out-of- Montgomery, Wil Contributor address; City; State; Zip C	state PAC (ID#:			Amount of Contribution (\$)	\$40.00
		Durant, OK 74701					
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions Medical city mckinney	5)		
	Date 10/23/2024	Nelson, Mark	state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 10/09/2024	Omdahl, Brent	-state PAC (ID#:			Amount of Contribution (\$)	\$600.00
	Principal occu SVP	pation / Job title (See Instructions)		Employer (See Instructions GlobalWafers America	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUTION		E A1			
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 10/13 Rpt: 13/36	
2	FILER NAME Luther, Shell	ey A. (Ms.)			3	Filer ID (Ethics Commission 00084939	n Filers)
4	Date 10/09/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$120.00
_		Mansfield, TX 76063	_				
8	Owner	pation / Job title (See Instructions)	9	Employer (See Instructions BTP Properties	5)		
	Date 09/30/2024	Full name of contributor out-of-state PAC (ID#:_ Ruddock, Terry & Debbie Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00
	Principal occu	Gonzales, TX 78629 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Retired			Retired			
	Date 09/27/2024	Full name of contributor out-of-state PAC (ID#:_ Rural Friends of Electric Cooperatives Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:_Schreiner, Miles M Contributor address; City; State; Zip Code Sadler, TX 76264)		Amount of Contribution (\$)	\$100.00
	Principal occu doing what e	oation / Job title (See Instructions) ver I want		Employer (See Instructions retired	5)		
	Date 10/02/2024	Full name of contributor out-of-state PAC (ID#:_Sells, Sherrie Contributor address; City; State; Zip Code Ector, TX 75439				Amount of Contribution (\$)	\$120.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions None	. (5)		

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 11/13 Rpt: 14/36	
2	FILER NAME Luther, Shell	ey A. (Ms.)			3	Filer ID (Ethics Commission 00084939	n Filers)
4	Date 10/23/2024	 5 Full name of contributor out-of-state PAG Simien, Erik 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Sherman, TX 75092					
8		pation / Job title (See Instructions) ict Director TX-4	9	Employer (See Instructions US House of Represent		/es	
	Date 10/23/2024	Full name of contributor out-of-state PAG Skelcher, Tammy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
	Principal occu	Pottsboro, TX 75076 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	CFO	,		Texoma Innovations, Inc			
	Date 10/23/2024	Full name of contributor out-of-state PAG Stepp, Michael Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$20.00
		Denison, TX 75020					
	Principal occu Marketing	pation / Job title (See Instructions)		Employer (See Instructions Self employed	5)		
	Date 09/27/2024	Full name of contributor out-of-state PAG Texans For Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701				Amount of Contribution (\$) \$	310,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/15/2024	Full name of contributor out-of-state PAG Texans For Lawsuit Reform PAC Contributor address; City; State; Zip Code Austin, TX 78701	C (ID#:)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A		
	The Instru	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 12/13 Rpt: 15/36	
2	FILER NAME Luther, Shell	ey A. (Ms.)			3	Filer ID (Ethics Commission 00084939	on Filers)
4	Date 10/10/2024	 Full name of contributor out-of- Texans United For A Conservative Contributor address; City; State; Zip Conservative)	7	Amount of Contribution (\$)	\$1,000.00
_		Victoria, TX 77901					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 09/27/2024	Full name of contributor out-of- Texas Food & Fuel Association PA Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/27/2024	Full name of contributor out-of- Texas Lobby Strategies Contributor address; City; State; Zip C	state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 09/27/2024	Texas Medical Association PAC	state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/23/2024	Full name of contributor out-of- Underwood, Jason Contributor address; City; State; Zip C	state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu Pipefitter	pation / Job title (See Instructions)		Employer (See Instructions Dilling)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/13 Rpt: 16/36	
2	FILER NAME Luther, Shell			3	Filer ID (Ethics Commissio 00084939	n Filers)
4	Date 09/30/2024			7	Amount of Contribution (\$)	\$500.00
_		Yoakum, TX 77995	10 = 1 (0 1 1 1			
8	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date 10/09/2024				Amount of Contribution (\$)	\$150.00
	Principal occu	Howe, TX 75459	Employer (See Instructions			
	Principal occupation / Job title (See Instructions) Employer (See Instruction Slaughter Septic			') 		
	Date 10/24/2024	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,500.00
		Houston, TX 77027				
	Principal occu Weekley Ho	pation / Job title (See Instructions) mes	Employer (See Instructions Owner	i)		
	Date Full name of contributor out-of-state PAC (IE 10/09/2024 Wylie, Anna Contributor address; City; State; Zip Code Denison, TX 75021)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions N/A)		

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 the	his form.
1	. •	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/20 Rpt: 17/36	Luther, Shelley A. (Ms.)	00084939
4	Date	5 Payee name	
	10/18/2024	7-Eleven	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$36.23	6465 Preston Rd	
		Diana TV 75024	
8	PURPOSE	Plano, TX 75024	
o	OF	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	SCRIPTION Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Fu	el
_	0 1: 0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0:0		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_	Data		
	Date 10/15/2024	Payee name AT&T	
	Amount (\$) \$195.08	Payee address; City; State; Zip Code 208 S Akard St	
	Φ195.00	200 S Akdru St	
		Dallas, TX 75202	
	DUDDOOF		
	PURPOSE OF		Scription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertial Expense	Check if Austin, TX, officeholder living expense
		Ca	ımpaign Phone
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	•		
	Date 10/22/2024	Payee name	
		Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.00	440 Terry Ave N	
		Coottle WA 00100	
		Seattle, WA 98109	
	PURPOSE OF	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	SCRIPTION Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Levent Expense	Check if Austin, TX, officeholder living expense
		Eve	ent Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
<u> </u>			

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)
	Sch: 2/20 Rpt: 18/36	Luther, Shelley A. (Ms.)		00084939
4	Date	5 Payee name		
	10/21/2024	Amazon.com		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$27.52	440 Terry Ave N		
		Seattle, WA 98109		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Campaign Event Supplies
				campaign 210m capping
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O		3	
	Date	Payee name		
	10/18/2024	Amazon.com		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$137.01	440 Terry Ave N		
	¥20.102			
		Seattle, WA 98109		
	PURPOSE		(b)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Campaign Event Supplies
	2			200
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	10/15/2024	Amazon.com		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$70.06	440 Terry Ave N		
		Seattle, WA 98109		
	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
				Campaign Event Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 comp	lete this form.
1	Total pages Schedule F1: Sch: 3/20 Rpt: 19/36	2 FILER NAME Luther, Shelley A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00084939
4	Date 10/02/2024	5 Payee name Amazon.com	•
6	Amount (\$) \$9.55	7 Payee address; City; State; Zip Code 440 Terry Ave N	
L		Seattle, WA 98109	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Event Supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	t Office held
	Date 10/08/2024	Payee name Amazon.com	
	Amount (\$) \$19.10	Payee address; City; State; Zip Code 440 Terry Ave N	
		Seattle, WA 98109	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Event Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	t Office held
	Date 10/11/2024	Payee name Amazon.com	
	Amount (\$) \$222.90	Payee address; City; State; Zip Code 440 Terry Ave N	
		Seattle, WA 98109	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Event Supplies
	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 -

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: 4/20 Rpt: 20/36	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	10/26/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$321.10	1340 Poydras Street
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Credit Card Processing
		Great Said Processing
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date	Payee name
	10/10/2024	Ballpark Beverages
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.25	2100 E Lamar Blvd
		Arlington, TX 76007
	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/O	
-	Date	Payee name
	09/30/2024	Payee name Bob Utter Ford
	Amount (\$)	Payee address; City; State; Zip Code
	\$244.21	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
		Sii Shango
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/20 Rpt: 21/36	Luther, Shelley A. (Ms.)		00084939
4	Date	5 Payee name		
	10/17/2024	Bucees		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$36.24	4155 N GENERAL BRUCE		
		Temple, TX 76501		
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.
l				Check if Austin, TX, officeholder living expense Fuel
				i dei
9	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
	expenditure to benefit C/OI		gc	Cines new
⊨	Date	Payee name		
l	10/15/2024	Bucees		
⊢	Amount (\$)	Payee address; City; State; Zip Ci	nde	
l	\$29.16	1550 CENTRAL EXPY	ouc	
l	7-0:-0	2000 02 0 12 27 11 7		
l		Melissa, TX 75454		
⊢	PURPOSE		(h)	Description
l	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District	(5)	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Traver in District		Check if Austin, TX, officeholder living expense
l				Fuel
L			Ļ	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught	Office held
L				
	Date	Payee name		
L	10/16/2024	Bucees		
	Amount (\$)	Payee address; City; State; Zip C	ode	
l	\$11.69	4155 N GENERAL BRUCE		
l				
L		Temple, TX 76501		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense
l				Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office son	ught	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 Candidate/Officeholder/Political Committee

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete this	s form.		
1	Total pages Schedule F1: Sch: 6/20 Rpt: 22/36	2 FILER NAME Luther, Shelley A. (Ms.)		I .	Filer ID 00084939	(Ethics Commission Filers)
4	Date 09/30/2024	5 Payee name Bucees		I		
6	Amount (\$) \$10.53	7 Payee address; City; State; Zip Code 1550 CENTRAL EXPY	Э			
8	PURPOSE OF EXPENDITURE	Melissa, TX 75454 (a) Category (See Categories listed at the top of this schedule) Travel In District		neck if travel outsioneck if Austin, TX,		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt		Office he	eld
	Date 10/24/2024	Payee name Buskirk, Sara				
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 11664 FM 901	e			
	PURPOSE OF EXPENDITURE	Sadler, TX 76264 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	CI	ription neck if travel outsin neck if Austin, TX, nt Coordinati	officeholder living	
	Complete ONLY if direct expenditure to benefit C/O	L L Candidate/Officeholder name Office sough H	nt		Office he	eld
	Date 10/26/2024	Payee name Calhoun's 2.0				
	Amount (\$) \$1,523.20	Payee address; City; State; Zip Code 4801 TX-91	Э			
		Denison, TX 75020				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	CI	ription neck if travel outsioneck if Austin, TX, nt Food		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	nt 		Office he	eld

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	a category not listed above)
$\frac{1}{1}$	Total pages Schedule F1:	·	(Ethics Commission Filers)
	Sch: 7/20 Rpt: 23/36	Luther, Shelley A. (Ms.) 00084939	,
4	Date	5 Payee name	
	10/26/2024	Casey's General Store	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$27.62	3707 S Highway 75	
l			
		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. Co	
		Check if Austin, TX, officeholder livit	ig expense
		T del	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office h	neld
ľ	expenditure to benefit C/O		iciu
⊨	Data		
	Date 09/30/2024	Payee name	
L		Casey's General Store	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.59	3707 S US HIGHWAY 7	
L		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. Co	
		Fuel	ig expense
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office h	neld
	expenditure to benefit C/O		
F	Date	Payee name	
	10/15/2024	Casey's General Store	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.05		
	401.00		
		Sherman, TX 75090	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Column	mplete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder livin	
		Fuel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office h	neld
	expenditure to benefit C/O	JH	

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

	candidate/Officenoider/Politica lit Card Payment	The Instruction Guide explains how to co	-	lete this form.
1 Total	pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch	n: 8/20 Rpt: 24/36	Luther, Shelley A. (Ms.)		00084939
4 Date		5 Payee name		•
09/2	7/2024	Casey's General Store		
6 Amo	unt (\$) \$29.65	7 Payee address; City; State; Zip Co 3707 S US HIGHWAY 7	ode	
		Sherman, TX 75090		
	PURPOSE OF PENDITURE	(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
	plete <u>ONLY</u> if direct enditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held
Date		Payee name		
10/1	.1/2024	Casey's General Store		
Amo	unt (\$) \$26.48	Payee address; City; State; Zip Co 3707 S US HIGHWAY 7	de	
		Sherman, TX 75090		
	PURPOSE OF PENDITURE	(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
	plete <u>ONLY</u> if direct enditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held
Date		Payee name		
10/1	5/2024	Cheryl's Cookies		
Amo	unt (\$) \$335.86	Payee address; City; State; Zip Co 646 McCorkle Blvd	de	
		Westerville, OH 43082		
	PURPOSE OF PENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Event Supplies
	plete <u>ONLY</u> if direct enditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held

SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica 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: 9/20 Rpt: 25/36	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	10/21/2024	Chick-Fil-A
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$31.10	3500 N US Highway 75
		Sherman, TX 75090
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Meal
		Campaigh moai
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/15/2024	Chick-Fil-A
H	Amount (\$)	Payee address; City; State; Zip Code
	\$20.38	3500 N US Highway 75
		Sherman, TX 75090
	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
		Campaign Meal
		Campaigh moai
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/21/2024	Chick-Fil-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.41	3500 N US Highway 75
		Sherman, TX 75090
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Campaign Meal
\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 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: 10/20 Rpt: 26/36	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	09/30/2024	Circle K
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.67	608 US-77 ALT
		Yoakum, TX 77995
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
		1 33
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĭ	expenditure to benefit C/O	
	Date	David and the second se
	10/24/2024	Payee name Circle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.87	3621 S HWY 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
		1 331
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/21/2024	Cirkle K
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.64	6529 Dallas Pkwy
		-:
		Frisco, TX 75034
	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/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

File \
ion Filers)

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	Salaries/\	xpens Wages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:	2 FILER NAM	1E				3	Filer ID	(Ethics Commission Filers)
	Sch: 12/20 Rpt: 28/36	Luther, Sh	elley A. (Ms.)					00084939	
4	Date	5 Payee nam	e						
	10/02/2024	Griffin Cor	nmunications						
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode				
	\$1,243.91	7111 Harv	est Trail Dr						
		Austin, TX	78736						
8	PURPOSE	(a) Category	See Categories listed at the top o	of this schedule)	(b)	Description			
	OF EXPENDITURE	Consulting	j Expense					de of Texas. Com	
						Consulting R		officeholder living	expense
						Joniourung IV	Ju		
9	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	<u>l</u> ught			Office he	eld
L	expenditure to benefit C/O	 							
	Date	Payee nam	e						
	10/17/2024	Hampton I	nn						
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode				
\$183.94 1700 LAVACA ST									
		Austin, TX	78701						
	PURPOSE	(a) Category	See Categories listed at the top o	of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel In [ш		de of Texas. Com	
						Hotel Stay	, IX,	officeholder living	expense
						. lotor otay			
	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	<u>I</u> ught			Office he	eld
	expenditure to benefit C/O				-				
H	Date	Payee nam	e						
	10/03/2024	,	.1 Food Mart						
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode				
	\$30.72	7860 Hwy		•					
		Tom Bean	, TX 75489						
	PURPOSE	(a) Category	See Categories listed at the top o	of this schedule)	(b)	Description			
	OF EXPENDITURE	Travel In [,		Check if travel		de of Texas. Com	•
	ZAI ENDITORE					—	, TX,	officeholder living	expense
						Fuel			
	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	<u>l</u> Jaht			Office he	eld
	expenditure to benefit C/O			211100 000				200 110	

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	. •		
Ļ	Sch: 13/20 Rpt: 29/36		984939 ———————————————————————————————————
4	Date 10/15/2024	5 Payee name	
L		Highway 11 Food Mart	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$24.45	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 Check if Austin, TX, office	Texas. Complete Schedule T. holder living expense
		Fuel	notes iming expense
l			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
l	expenditure to benefit C/OI	DH	
F	Date	Payee name	
l	10/02/2024	Las Haciendas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$11.71		
l			
l		Whitesboro, TX 76273	
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF	1	Fexas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, office	holder living expense
l		Campaign Meal	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
┡	·	1	
	Date	Payee name	
	10/25/2024	Mirror Masters Photography	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$700.00	519 W Main	
l			
		Denison, TX 75020	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Check if Austin, TX, office	Texas. Complete Schedule T. holder living expense
l		Photography at Cam	
			. •
	Complete ONLY if direct	U	Office held
	expenditure to benefit C/OI		
Г			
l			

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: 14/20 Rpt: 30/36	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	10/07/2024	Murphy's USA
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.93	333 U. S. HWY. 82
		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
	10/21/2024	North Texas Toll Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	5900 W PLANO PKWY S
		Plano, TX 75093
	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
		Toll
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/15/2024	North Texas Toll Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	5900 W PLANO PKWY S
		Plano, TX 75093
	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
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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 Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:						
	Sch: 15/20 Rpt: 31/36	Luther, Shelley A. (Ms.) 00084939					
4	Date	5 Payee name					
	09/30/2024	North Texas Toll Association					
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.					
	EXPENDITORE	Check if Austin, TX, officeholder living expense					
		Toll					
_							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	10/04/2024	Office Depot					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$107.70	4015 N Hwy 75					
		Sherman, TX 75090					
	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 Campaign Supplies					
		Campaign Supplies					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Data						
	Date 10/02/2024	Payee name QuickTrip					
		· ·					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$24.69	951 NORTH LOOP 340					
		BELLMEAD, TX 76705					
	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						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 16/20 Rpt: 32/36	Luther, Shelley A. (Ms.) 00084939				
4	Date	5 Payee name				
	10/22/2024	Quickverse				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$21.23	201 S Dewey				
		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				
3	expenditure to benefit C/O					
_		Г				
	Date	Payee name				
	10/24/2024	Saltgrass Steakhouse				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$184.40	2801 Craig Drive				
		McKinney, TX 75070				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
	E/M EINE . G	Comparign Mool				
		Camapign Meal				
_	O	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·				
	Date	Payee name				
	10/24/2024	Saltgrass Steakhouse				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$106.05	2801 Craig Drive				
		McKinney, TX 75070				
	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.				
		Camanian Mool				
		Camapign Meal				
	Operation ONLY if all part	Our distance (Office health annuary Control health				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H				
	<u> </u>					

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/20 Rpt: 33/36	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	10/24/2024	Sam's Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$184.20	3333 N Hwy 75
		Sherman, TX 75090
8	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 Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	10/15/2024	Smoken BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.65	309 South Waco St
		Van Alstyne, TX 75495
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign meal
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/17/2024	TX Custom Creations
H	Amount (\$)	Payee address; City; State; Zip Code
	\$129.90	PO Box 637
		Denison, TX 75020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Event Supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.		
1	Total pages Schedule F1: Sch: 18/20 Rpt: 34/36	2 FILER NAME Luther, Shelley A. (Ms.)	3	Filer ID 00084939	(Ethics Commission Filers)
4	Date 10/15/2024	5 Payee name The Loading Dock	<u> </u>		
6	Amount (\$) \$13.15	7 Payee address; City; State; Zip Code 201 Dallas St			
8	PURPOSE OF EXPENDITURE	Mount Vernon, TX 75457 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b)	Description Check if travel outs Check if Austin, TX Campaign Meal	, officeholder living	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office he	eld
	Date 10/16/2024	Payee name Uber			
	Amount (\$) \$4.04	Payee address; City; State; Zip Code 1725 Third Street San Francisco, CA 94158			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	Description Check if travel outs Check if Austin, TX Uber Fare		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office he	eld
	Date 10/22/2024	Payee name Walmart			
	Amount (\$) \$3.69	Payee address; City; State; Zip Code 401 E US Hwy 82			
		Sherman, TX 75092			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	Description Check if travel outs Check if Austin, TX Event Supplies		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office he	eld

SCHEDULE F1

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

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

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

	Candidate/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: 19/20 Rpt: 35/36	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	10/21/2024	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.67	401 E US Hwy 82
		Sherman, TX 75092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Event Supplies
		արտացու <u></u>
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	10/26/2024	Webconnex
	Amount (\$)	Payee address; City; State; Zip Code
	\$702.33	1200 2nd St
		Sacramento, CA 95814
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit Card Processing
		and the same of th
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/07/2024	Wix.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$376.71	500 Terry A. Francois Boulevard
		6th Floor
		San Francisco, CA 94158
	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 Website Hosting
		Website Hostilig
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

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	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl		oense ages/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:					3	Filer ID	(Ethics Commission Filers)
	Sch: 20/20 Rpt: 36/36	Luther, Sh	nelley A. (Ms.)				00084939	
4	Date	5 Payee nam	е					
	10/21/2024	Wix.com						
6	Amount (\$)	7 Payee addr	ress; City; S	State; Zip Cod	le			
	\$51.83		A. Francois Boulevard					
		6th Floor						
		San Franc	cisco, CA 94158					
8	PURPOSE OF	(a) Category	(See Categories listed at the top of th	nis schedule)	(b) Description			
	EXPENDITURE	Office Ove	erhead/Rental Expense				de of Texas. Com officeholder living	plete Schedule T.
					Website Ho			у схренас
							•	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/O	fficeholder name	Office soug	ht		Office he	eld