# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00084939	sion Filers)	2 Total pages fi	led: I5
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
NAME	Ms.	Shelley A.			Date Received ELECTRONIC	ALLY FILED
	NICKNAME	LAST	•••••	SUFFIX	01/15/2025	
		Luther				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered of	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	587 White Mound Rd.				Receipt #	Amount
Change of Address	Sherman, TX 75090					
	Sheiman, 17, 75050				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Timothy A.				
	NICKNAME	LAST		SUFFIX		
	NICKVAWL	Georgeff		301117		
		Goorgon				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE#; CITY;	STA	ATE; ZIP CODE
TREASURER ADDRESS	587 White Mound Rd.					
(Residence or Business)	Sherman, TX 75090					
	Chemian, 170 1000					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER PHONE	(817) 291-8384					
8 REPORT TYPE	X January 15	30th day before	election	Runoff		mpaign treasurer
		Oth day before	alastian $\square$	Eveneded modified	appointment (offi	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	10/27/2024	TH	IROUGH	12/31/202	24	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	l ∐P	rimary	Runoff	Other	
		□G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	-i-t 60 G		12 OFFICE SOUGHT	(if known)	
	State Representative Distr	rict 62 Grayson				
				ı		
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 45

13 C / OH NAME	Luther, Shelley A. (M	s.)	<b>14</b> Filer ID (E 00084939	Ethics Commission Filers)
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 officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION		ZED POLITICAL CONTRIBUTIONS (OTHER THAI		
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELEC	CTRONICALLY)	\$ 0.00
	5)	\$ 26,667.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
		<b>\$</b> 25,874.33		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	\$ 70,748.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF 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 penalty true and correct and includes al under Title 15, Election Code.		
		Ms. :	Shelley A. Luther	
			Candidate or Officehold	ler
AFFIX NC	DTARY STAMP / SEAL AB	OVE		
Sworn to and subs	scribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of offi	icer administering	Printed name of officer administering	Title of officer	administering oath

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

			CC	OVER SHEET PO	<b>3</b> و 145 of
18 FILEI			19 Filer ID	(Ethics Commission File	rs)
		elley A. (Ms.)	00084939	<del></del>	
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOU	INT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 26,6	667.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		\$			
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 25,8	874.33
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/15 Rpt: 4/45	
2	FILER NAME Luther, Shell	ley A. (Ms.)			3	Filer ID (Ethics Commission 00084939	n Filers)
4	Date 12/12/2024	<ul><li>5 Full name of contributor Altman, Daniel</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: tte; Zip Code	)	7	Amount of Contribution (\$)	\$250.00
	Dringing! goog	Midlothian, TX 76065	I <sub>0</sub>	Employer (See Instructions	<u></u>		
8	Senior Coun	pation / Job title (See Instructions) sel	9	Oncor Electric Delivery		mpany LLC	
	Date 11/09/2024	Full name of contributor Ayala, Kenneth Contributor address; City; Sta		)		Amount of Contribution (\$)	\$30.00
	Principal occu	Brooklyn, NY 11220 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	retired	,		retired			
	Date 10/31/2024	Full name of contributor Barnett, Rachel Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$20.00
		Dension, TX 75021					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 10/31/2024	Full name of contributor  Bennie, William  Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu	Bells, TX 75414 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 10/28/2024	Full name of contributor Brent Hagenbuch Campaiq Contributor address; City; Sta	-			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/15 Rpt: 5/45	
2	FILER NAME Luther, Shell			3	Filer ID (Ethics Commission 00084939	n Filers)
4	Date 12/09/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Brentwood Public Affairs</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Bresnen, Steven Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_ Brown, Greg Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Denison, TX 75020 pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_ Brown, Ruth Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_ Buskirk, Blake Contributor address; City; State; Zip Code Sadler, TX 76264			Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>,</u>		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to com	plete this forn	n.	1	Total pages Schedule A1: Sch: 3/15 Rpt: 6/45	
2	FILER NAME Luther, Shell	ey A. (Ms.)			3	Filer ID (Ethics Commission 00084939	on Filers)
4	Date 12/13/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$1,000.00
_	Delicalis al acces	Corsicana, TX 75109	lo	Faralana (Cara la densità a			
8	Consultant	pation / Job title (See Instructions)		Employer (See Instructions Capitol-Insights	)		
	Date 12/09/2024	Full name of contributor out-of-s  Centene Corp. PAC  Contributor address; City; State; Zip Co		)		Amount of Contribution (\$)	\$500.00
	Dringing! aggs	St. Louis, MO 63105		Employer (Coo Instructions			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 11/01/2024	Full name of contributor out-of-s  Conway, Michael  Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Aubrey, TX 76227					
	Principal occu	oation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 11/01/2024	Covington, Shirley		)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 11/21/2024	Crognale, Anthony		)		Amount of Contribution (\$)	\$30.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions TRIDENT ENT INC	)		
	- 121						

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/15 Rpt: 7/45	
2	FILER NAME Luther, Shell			3	Filer ID (Ethics Commission 00084939	on Filers)
4	Date 11/27/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$350.00
_	Dringing Loggy	Pilot Point, TX 76258	0 Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_ Dunbar, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Deignaignal annu	Corpus Christi, TX 78414	Faralousy (Co.) In the estimation			
	retired	pation / Job title (See Instructions)	Employer (See Instructions retired	)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_ Eisenmann, Mark Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00
		Frisco, TX 75034				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_Ellis, David  Contributor address; City; State; Zip Code  Tom Bean, TX 75489			Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_ Eye-PAC of the Texas Ophthalmological Associ Contributor address; City; State; Zip Code  Austin, TX 78701	ation		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to co	omplete this forr	n.	1	Total pages Schedule A1: Sch: 5/15 Rpt: 8/45	
2	FILER NAME Luther, Shell	ey A. (Ms.)			3	Filer ID (Ethics Commission 00084939	on Filers)
4	Date 11/01/2024	Fitzgerald, Jeanette	t-of-state PAC (ID#: o Code		7	Amount of Contribution (\$)	\$262.00
		Sadler, TX 76264					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 12/13/2024	Fleming, JoAnn  Contributor address; City; State; Zip	t-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	unemployed		unemployed				
	Date 11/01/2024	Full name of contributor out  Fruth, Toby  Contributor address; City; State; Zip	t-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$20.00
		Sherman, TX 75090					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 11/02/2024	Full name of contributor out Gilchrist, Stephen Contributor address; City; State; Zip		)		Amount of Contribution (\$)	\$2,500.00
	Principal occu New Vehicle	pation / Job title (See Instructions) Dealer		Employer (See Instructions Self	()		
	Date 12/14/2024	Full name of contributor out Grant, Kathy Contributor address; City; State; Zip	t-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occu Lobbyist	pation / Job title (See Instructions)		Employer (See Instructions Kathy Grant Group	i)		
			<u>'</u>				

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains hov	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 6/15 Rpt: 9/45	
2	FILER NAME Luther, Shell	ley A. (Ms.)				3	Filer ID (Ethics Commission 00084939	n Filers)
4	Date 12/14/2024	<ul><li>5 Full name of contributor Gray, Brady</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$200.00
_		Brock, TX 76087		_				
8	Principal occu President	pation / Job title (See Instructions	s) 	9	Employer (See Instructions Texas Family Project	s) 		
	Date 11/01/2024	Full name of contributor Hawk, Gene Contributor address; City; S			)		Amount of Contribution (\$)	\$20.00
	Principal occu	Piedmont, TX 73079 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> s)		
	Date 10/28/2024	Full name of contributor Head, Larry  Contributor address; City; S					Amount of Contribution (\$)	\$15.00
	Principal occu	Savoy, TX 75479 pation / Job title (See Instructions	s)		Employer (See Instructions	 s)		
	retired	·			retired			
	Date 11/01/2024	Full name of contributor Hill, John Contributor address; City; S Sherman, TX 75090	out-of-state PAC (ID#:_		)	•	Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	<u>l</u> S)		
	Date 12/03/2024	Full name of contributor Holland and Knight Texas Contributor address; City; S Dallas, TX 75201					Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
			-					

	MONET	ARY POLITICAL CO	NTRIBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 7/15 Rpt: 10/45	
2	FILER NAME Luther, Shell	ey A. (Ms.)			3	Filer ID (Ethics Commission 00084939	n Filers)
4	Date 11/09/2024	<ul><li>5 Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$15.00
_	Duinning Langu	Wheeling, WV 26003	lo.	Frankrijer (Cookstructions	<u></u>		
8	Substitute te	pation / Job title (See Instructions) acher	9	Employer (See Instructions Ohio Cty Schools, Whg	-	EST VIRGINIA	
	Date 12/09/2024	Full name of contributor				Amount of Contribution (\$)	\$250.00
	Principal occu	Houston, TX 77219 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
		,			,		
	Date 11/01/2024	Full name of contributor  Jeter, Brenda  Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$40.00
		Bonham, TX 75418					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 10/31/2024	Jones, Kellen		)		Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 10/31/2024	Jones, Laura	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$80.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			I				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/15 Rpt: 11/45	
2	FILER NAME Luther, Shel			3	Filer ID (Ethics Commission 00084939	n Filers)
4	Date 12/13/2024	Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_		Dallas, TX 75201				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_ Kalbfleish, Carl Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Denison, TX 75020 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_ Kerwin, Helen Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Glen Rose, TX 76043				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#:_ Kickapoo Traditional Tribe of Texas  Contributor address; City; State; Zip Code  Eagle Pass, TX 78852			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 10/28/2024	Full name of contributor out-of-state PAC (ID#:_ Kupferschmid, Jason Contributor address; City; State; Zip Code  Morton, IL 61550			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/15 Rpt: 12/45	
2	FILER NAME Luther, Shell			3	Filer ID (Ethics Commission 00084939	n Filers)
4	Date 11/09/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Kvinsland, Laura</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$5.00
_		Brighton, CO 80603				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_Lawson, Sandra  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$60.00
	Principal occu	Van Alstyne, TX 75495  upation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code  Austin, TX 78760			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:_Lopez, Kaden  Contributor address; City; State; Zip Code  Fort Worth, TX 76177			Amount of Contribution (\$)	\$100.00
	Principal occu Executive Di	ipation / Job title (See Instructions) irector	Employer (See Instructions Texas Family Project	)		
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_McCall, Susan  Contributor address; City; State; Zip Code  Lucas, TX 75002			Amount of Contribution (\$)	\$50.00
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 10/15 Rpt: 13/45		
2	FILER NAME Luther, Shell			3	Filer ID (Ethics Commission 00084939	n Filers)	
4			7	Amount of Contribution (\$)	\$40.00		
_	Deire die al. a a co	Dallas, TX 75231	O Frankrije (Ozakasta stira				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)			
	Date Full name of contributor out-of-state PAC (ID#:)  10/31/2024 McNamara, Denise  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
Dallas, TX 75231  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		)					
	Date Full name of contributor out-of-state PAC (ID#:)  10/31/2024 Milam, Charles  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00		
		Winthrop, TX 71866					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date Full name of contributor out-of-state PAC (ID#:)  11/11/2024 Moyers, Roger  Contributor address; City; State; Zip Code  San Diego, CA 92106			Amount of Contribution (\$)	\$100.00		
Principal occupation / Job title (See Instructions)  retired  Employer (See Instructions)  retired		)					
	Date Full name of contributor out-of-state PAC (ID#:)  11/01/2024 Nelson, Mark  Contributor address; City; State; Zip Code  Sadler, TX 76264			Amount of Contribution (\$)	\$110.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/15 Rpt: 14/45		
2	FILER NAME Luther, Shel			3	Filer ID (Ethics Commission 00084939	on Filers)	
4			7	Amount of Contribution (\$)	\$1,000.00		
_	Deinsinal	Irving, TX 75062	O Frankrica (Con Instruction				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date 12/09/2024				Amount of Contribution (\$)	\$1,500.00	
	Dallas, TX 75202  Principal occupation / Job title (See Instructions)  Employer (See Instructions)		)				
Timopal occupation / occ that detects				,			
	Date Full name of contributor out-of-state PAC (ID#:)  11/09/2024 Randol, Randy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
		Lafayette, LA 70503					
	Principal occu Consultant	ipation / Job title (See Instructions)	Employer (See Instructions Self	)			
11/14/2024 Rooney, John  Contributor address; City; State; Zip Code		<b>'</b>	)		Amount of Contribution (\$)	\$100.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		)					
	Date Full name of contributor out-of-state PAC (ID#:)  11/01/2024 Schreiner, Karen  Contributor address; City; State; Zip Code  Sadler, TX 76264			Amount of Contribution (\$)	\$20.00		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)			

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 12/15 Rpt: 15/45	
2	FILER NAME Luther, Shell			3	Filer ID (Ethics Commission 00084939	n Filers)
4			7	Amount of Contribution (\$)	\$500.00	
		Dallas, TX 75230				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/31/2024 Skelcher, Tammy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00	
	Pottsboro, TX 75076  Principal occupation / Job title (See Instructions)  Employer (See Instructions					
	i inioipai ooda	pation 7 cos title (ecc metadotorio)	Employer (eee metactione	,		
	Date Full name of contributor out-of-state PAC (ID#:)  11/01/2024 Slaughter, Scott  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
		Sherman, TX 75090				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  10/31/2024 Stepp, Michael  Contributor address; City; State; Zip Code  Denison, TX 75020			Amount of Contribution (\$)	\$20.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		)				
	Date Full name of contributor out-of-state PAC (ID#:)  12/14/2024 Stickland, Jonathan  Contributor address; City; State; Zip Code  Willow Park, TX 76087			Amount of Contribution (\$)	\$250.00	
	Principal occu Self Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Self Employed	)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 13/15 Rpt: 16/45		
2	FILER NAME Luther, Shel			3	Filer ID (Ethics Commission 00084939	on Filers)	
4			7	Amount of Contribution (\$)	\$20.00		
_		Van Alstyne, TX 75495					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/09/2024 Texans for Reasonable Solutions PAC  Contributor address; City; State; Zip Code  Austin, TX 78741			Amount of Contribution (\$)	\$750.00		
	Principal occupation / Job title (See Instructions)  Employer (See Instructions			)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/13/2024 Texas Apartment Association  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association of Health Plans PAC Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		)					
	Date Full name of contributor out-of-state PAC (ID#:)  12/09/2024 Texas Court Reporters Association  Contributor address; City; State; Zip Code  Athens, TX 75751			Amount of Contribution (\$)	\$250.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 14/15 Rpt: 17/45		
2	FILER NAME Luther, Shell			3	Filer ID (Ethics Commission 00084939	n Filers)	
4			7	Amount of Contribution (\$)	\$500.00		
_		Austin, TX 78704					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)			
	Date Full name of contributor out-of-state PAC (ID#:)  11/06/2024 Texas Realtors PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	Austin, TX 78768  Principal occupation / Job title (See Instructions)  Employer (See Instructions			)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/09/2024 Texas Trial Lawyers Association PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00		
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date Full name of contributor out-of-state PAC (ID#:)  12/09/2024 The American Electric Power Company Texas Committee For  Contributor address; City; State; Zip Code  Washington, DC 20004			Amount of Contribution (\$)	\$500.00		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		)					
	Date  Full name of contributor out-of-state PAC (ID#:)  10/31/2024 Underwood, Jason  Contributor address; City; State; Zip Code  Broken bow, TX 74728			Amount of Contribution (\$)	\$20.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A		
	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 15/15 Rpt: 18/45	
2	FILER NAME Luther, Shelley A. (Ms.)			3	Filer ID (Ethics Commission 00084939	on Filers)	
4			7	Amount of Contribution (\$)	\$50.00		
_		Renton, WA 98058					
8	retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/18/2024 Way, Stephen  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	Houston, TX 77056  Principal occupation / Job title (See Instructions)  Employer (See Instructions		:)				
	Consultant	,		SLW International LLC	,		
	Date Full name of contributor out-of-state PAC (ID#:)  11/01/2024 Williams, Shane  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
		Trenton, TX 75490					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date Full name of contributor out-of-state PAC (ID#:)  12/11/2024 Wine and Spirits Wholesalers of Texas PAC  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$2,000.00		
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)		5)				
	Date Full name of contributor out-of-state PAC (ID#:)  12/13/2024 Wooley, Randy  Contributor address; City; State; Zip Code  Kingwood, TX 77339			Amount of Contribution (\$)	\$30.00		
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	()		
			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 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: 1/27 Rpt: 19/45	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
L	12/24/2024	AT&T Hotel and Conference Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$259.68	1900 Unniversity Ave
		Austin, TX 78705
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  Hotel room
		Tioter room
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
H	Date	Payee name
	12/09/2024	AT&T Hotel and Conference Center
H	Amount (\$)	Payee address; City; State; Zip Code
	\$259.68	1900 Unniversity Ave
	Ψ200.00	1555 Online Clarky 7 WG
		Austin, TX 78705
⊢	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	Check if Austin, TX, officeholder living expense
		New Member Orientation travel
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	<u></u>
	Date	Payee name
L	12/09/2024	AT&T Hotel and Conference Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.67	1900 Unniversity Ave
		Austin, TX 78705
	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
		Hotel room associated cost
		Thotal room associated cost
$\vdash$	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

Event Expense Fees Food/Beverage Expense Gitt/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: 2/27 Rpt: 20/45	2 FILER NAME Luther, Shelley A. (Ms.)  3 Filer ID (Ethics Commission Filers) 00084939
4	Date 12/16/2024	5 Payee name AT&T
6	Amount (\$) \$195.16	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 <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 11/15/2024	Payee name AT&T
	Amount (\$) \$195.16	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/OI	Candidate/Officeholder name Office sought Office held
	Date 12/16/2024	Payee name Amazon.com
	Amount (\$) \$764.97	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) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Office Equipment
	Complete ONLY if direct expenditure to benefit C/OI	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 Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

l	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: 3/27 Rpt: 21/45	Luther, Shelley A. (Ms.)		00084939
4	Date	5 Payee name		·
	12/09/2024	Amazon.com		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$144.49	440 Terry Ave N		
L		Seattle, WA 98109		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				Office Supplies
L				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ıght	Office held
⊨	Data			
	Date 12/05/2024	Payee name Amazon.com		
⊢	Amount (\$)	Payee address; City; State; Zip Co	nde	
	\$364.43	440 Terry Ave N	Jue	
	400 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Seattle, WA 98109		
H	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 Office Supplies
				Cinic Supplies
H	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/Ol	1		
Г	Date	Payee name		
	12/03/2024	Amazon.com		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$106.24	440 Terry Ave N		
L		Seattle, WA 98109	_	
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.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				Office Supplies
L			_	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ıght	Office held
$\vdash$	·			

#### 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 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: 4/27 Rpt: 22/45	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	12/02/2024	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,357.56	440 Terry Ave N
		Seattle, WA 98109
8	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
		Office Supplies
		Cinios supplies
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
┡		
	Date	Payee name
L	11/29/2024	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.20	440 Terry Ave N
		Seattle, WA 98109
	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
		Office Supplies
		Cinios supplies
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
⊨		
	Date	Payee name
	11/29/2024	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.16	440 Terry Ave N
		Seattle, WA 98109
	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
		Office Supplies
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superioritation to beliefft 6/01	•

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Operations 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

Printing Expense Salaries/Wages/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: 5/27 Rpt: 23/45	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	12/31/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$252.20	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.
		Check if Austin, TX, officeholder living expense  Donation processing fees
		Donation processing rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/27/2024	BJ's Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.45	3200 W Expy 83
		McAllen, TX 78501
	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  Food
		. 333
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/18/2024	Best Buy
	Amount (\$)	Payee address; City; State; Zip Code
	\$270.61	823 N Creek Dr
		Sherman, TX 75092
	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
		Office Equipment
$\vdash$	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 -

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Co  The Instruction Guide explains how to complete	
1	Total pages Cabadula F1:		
1	Total pages Schedule F1: Sch: 6/27 Rpt: 24/45	Luther, Shelley A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00084939
4	Date	Payee name	1
•	12/20/2024	Bob Utter Ford	
L			
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$101.05	2525 TEXOMA PKWY	
		Sherman, TX 75090	
8	PURPOSE		escription
	OF	Transportation Equipment And Related	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense	Check if Austin, TX, officeholder living expense
			- il Change
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Ç	
H	Date	Payee name	
	12/02/2024	Brim 11 Hat Bar	
_			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$516.56	122 E Main St	
		Royse City, TX 75189	
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·	Check if Austin, TX, officeholder living expense
		Pu	urchase of Cowboy Hats
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	11/07/2024	Brim 11 Hat Bar	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	
	\$108.25	122 E Main St	
	Ψ100.23	TEE E Main of	
		Daving City, TV 75100	
		Royse City, TX 75189	
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	escription
	EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
	<del></del>	<u>L</u>	Check if Austin, TX, officeholder living expense
		1	urchase of Cowboy Hats
<u> </u>	Commission Chill V. V. II	Condidate /Office helder visites	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	- Farmana to bonont of of		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense 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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 7/27 Rpt: 25/45	Luther, Shelley A. (Ms.)  00084939
4	Date	5 Payee name
	12/23/2024	Buc-ee's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.36	165 US-77
		Hillsboro, TX 76645
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
Ļ	Operation ONLY if direct	One distributed (Office health)
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/23/2024	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.86	165 US-77
		Hillsboro, TX 76645
	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
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	10/31/2024	Buskirk, Sara
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	11664 FM 901
		Sadler, TX 76264
	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 Staffing
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought 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: 8/27 Rpt: 26/45	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	11/05/2024	Calhoun's 2.0
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.03	4801 TX-91
		Denison, TX 75020
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  Fundraiser event cost
		Fundidiser event cost
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	10/28/2024	Calhoun's 2.0
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,523.20	4801 TX-91
		Denison, TX 75020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense  Fundraiser Food
		Fullulaisei Food
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	12/04/2024	Capitol Caf
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.42	1001 Congress Ave
		Austin, TX 78701
	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  Food
		Food
$\vdash$	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee I	Gift/Awards/Memorial Legal Services The Instruction G	·		ages.	/Contract Labor		Travel Out of Dis	strict category not listed abo	ove)
_	T	1_					-		_	E''. 15	/Edition 0	
1	Total pages Schedule F1: Sch: 9/27 Rpt: 27/45	ı	Luther, Shell	ey A. (Ms.)					3	Filer ID 00084939	(Ethics Commissi	on Filers)
4	Date	5	Payee name									
	11/26/2024		Carona, Nicl	(								
6	Amount (\$) \$6,000.00	ı	Payee addres 308 N Musta		State;	; Zip Co	de					
	ψο,οσο.οσ		ooo iy maste	ing / We								
			Cedar Park,	TX 78613								
8	PURPOSE OF	(a)	Category (See	Categories listed at	the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Salaries/Wa	ges/Contract L	₋abor			<b>=</b>			plete Schedule T.	
								<b>—</b>		officeholder living	gexpense	
								Campaign W	UIK			
9	Complete ONLY if direct		Candidate/Offic	eholder name	(	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Η										
	Date		Payee name									
	12/27/2024		Casey's									
	Amount (\$)		Payee addres	s; City;	State;	; Zip Co	de					
	\$39.60		3707 S US F	IIGHWAY 7								
			SHERMAN,	TX 75090								
	PURPOSE OF	(a)	Category (See	e Categories listed at	the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Travel In Dis	trict				<b>=</b>			plete Schedule T.	
								Fuel Cneck if Austin,	, IX,	officeholder living	j expense	
								ruei				
	Complete ONLY if direct		Candidate/Offic	eholder name			ght			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/16/2024		Casey's									
	Amount (\$)		Payee addres	s; City;	State	; Zip Co	de	·				
	\$35.66		3707 S US F	IIGHWAY 7								
			SHERMAN,	TX 75090								
	PURPOSE	(a)	Category (See	e Categories listed at	the top of this sch	nedule)	(b)	Description		·		
	OF EXPENDITURE		Travel In Dis	trict				브			plete Schedule T.	
	-							_	, TX,	officeholder living	g expense	
								Fuel				
_	Complete ONLY if direct		Candidate/Offic	eholder name	(	Office sou	aht			Office he	əld	
	expenditure to benefit C/O			Soidoi ildiilo		oo oou(	9,11			Cinc III	J. G	

### 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

l	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: 10/27 Rpt: 28/45	Luther, Shelley A. (Ms.)		00084939
4	Date	5 Payee name		<b>I</b>
	11/27/2024	Casey's		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$38.38	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.
	LAFLINDITORL			Check if Austin, TX, officeholder living expense
				Fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		gni	Office field
⊨	Date	D		
	11/25/2024	Payee name Casey's		
┡			- d -	
l	Amount (\$) \$36.44	Payee address; City; State; Zip Co	oae	
	\$30.44	3707 S US HIGHWAY 7		
		CUEDAAN TV 75000		
L		SHERMAN, TX 75090		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Charlest travel autoide of Tayan Compilete Schoolule T
	EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Fuel
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	1		
Г	Date	Payee name		
	11/18/2024	Casey's		
	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$35.46	3707 S US HIGHWAY 7		
		SHERMAN, TX 75090		
Г	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 uci
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		Ailt	Since Held
$\vdash$				

### 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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	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: 11/27 Rpt: 29/45	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	11/08/2024	Casey's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$32.97	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
		T del
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
L		
	Date	Payee name
	11/04/2024	Casey's
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.89	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
		1 331
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	_	
	Date	Payee name
	10/28/2024	Casey's
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.62	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
_	Operation Objects "	Orandidate (Office health a grants
	Complete <u>ONLY</u> 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	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 12/27 Rpt: 30/45	Luther, Shelley A. (Ms.)		00084939
4	Date	5 Payee name		•
	11/20/2024	Circle K		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$37.62	1801 ELDORADO PKWY		
		MCKINNEY, TX 75034		
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.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Fuel
_	0 1: 0 1: 0			000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	Date	Payee name		
	11/18/2024	Davis, Ryan		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$1,500.00	864 Trail rd		
		Denison, TX 75021		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
				Campaign Sign Collection
				Campaign Sign Constitution
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	12/09/2024	DoubleTree Hotel		
	Amount (\$)	Payee address; City; State; Zip Code	<u>e</u>	
	\$29.36	303 W 15th St		
	Ψ20.00	000 17 1011 01		
		Austin, TX 78701		
	DUDDOOF		1- \	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District	D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver in district		Check if Austin, TX, officeholder living expense
				Valet
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 13/27 Rpt: 31/45	Luther, Shelley A. (Ms.) 00084939	
4	Date	5 Payee name	
	12/10/2024	Dry Clean City	
6	Amount (\$) \$267.59	7 Payee address; City; State; Zip Code 1905 TEXOMA PKWY	
		Sherman, TX 75090	
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  Dry Cleaining	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	11/15/2024	Exxon	
	Amount (\$) \$41.83	Payee address; City; State; Zip Code  118 BRITTON ST	
		Tom Bean, TX 75489	
	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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 11/08/2024	Payee name Google	
	Amount (\$) \$21.31	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy	
		Mountain View, CA 94043	
	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  Office Software	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

### 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/Officenoider/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: 14/27 Rpt: 32/45	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	11/06/2024	Green Growler
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$160.16	101 E Main St
		Ste 135
		Denison, TX 75021
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
		Check if Austin, TX, officeholder living expense  Watch Party event food
		vvaion i arty event lood
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/27/2024	Griesinger, Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	202 Beaudelaire Dr
		Weatherford, TX 76087
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Consulting
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>-1</del>
	Date	Payee name
	12/10/2024	Griffin Communications
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	7111 Harvest Trail Dr
		Austin, TX 78736
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
		Consulting Retainer
		Consulting Retainer
	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 -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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 15/27 Rpt: 33/45	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	10/31/2024	Griffin Communications
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,205.36	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/20/2024	Highway 11 Food Mart
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.90	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/12/2024	Highway 11 Food Mart
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.14	7860 Hwy 11
		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
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/OI	1

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services			se s/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card F dyment		The Instruction Guid	le explains how to co	mple	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME	Ī				3	Filer ID	(Ethics Commission File	ers)
	Sch: 16/27 Rpt: 34/45	Luther, She	lley A. (Ms.)					00084939		
4	Date	5 Payee name								
	10/29/2024	Highway 11	Food Mart							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$39.85	7860 Hwy 1	.1							
		Tom Bean,	TX 75489							
8	PURPOSE				(h)	Description				
ľ	OF	Travel In Di	ee Categories listed at the	top of this schedule)	(0)	Description  Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	l Havei III Di	SHICL			=		officeholder living	•	
						Fuel				
9	Complete ONLY if direct		ceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name								
	11/29/2024	l 1	Express & Suites							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$154.59	5274 US-83	-	•						
		Rio Grande	City, TX 78582							
	PURPOSE		-		(h)	Description				
	OF	Travel In Di	ee Categories listed at the	top of this schedule)	(5)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	l llaverill Di	Strict					officeholder living		
						Hotel Room				
	Complete ONLY if direct		ceholder name	Office sou	ight			Office he	eld	
	expenditure to benefit C/OI	H								
	Date	Payee name								
	12/24/2024	King's Trail	Cowboy Church							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$500.00	498 Bethel	Cannon Rd							
		Whitewright	t, TX 75491							
	PURPOSE		ee Categories listed at the	top of this cohodule)	(b)	Description				
	OF		ns/Donations Mad		(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Officeholder/Politic			Check if Austin	, TX,	officeholder living	g expense	
						Donation for	Pro	ject Christm	nas	
	Complete ONLY if direct		ceholder name	Office sou	ıght			Office he	eld	
L	expenditure to benefit C/O									

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing 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/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/27 Rpt: 35/45	Luther, Shelley A. (Ms.)	00084939
4	Date	5 Payee name	•
	10/31/2024	Kroger	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$39.76	2061 Rufe Snow Dr	
		Keller, TX 76248	
8	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.
l	EXPENDITURE		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
	experientare to benefit 6/61	'	
	Date	Payee name	
	10/31/2024	MCD Garage A	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3.00	777 Forest Ln	
l			
l		Dallas, TX 75230	
Г	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
l			Parking
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field
⊨	D-4-		
	Date 11/07/2024	Payee name	
L		Mom's Bakery	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	1703 N Woods St	
l			
		Sherman, TX 75092	
	PURPOSE OF	2 ( ( ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Description
l	EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Watch Party event food
			•
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

### SCHEDULE F1

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

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

Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P Legal Services S

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 Cor	nmission Filers)
	Sch: 18/27 Rpt: 36/45	Luther, Shelley A. (Ms.) 00084939	
4	Date	5 Payee name	
	12/20/2024	North Texas Toll Authority	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$40.00	5900 W PLANO PKWY S	
L		Plano, TX 75093	
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 Check if Austin, TX, officeholder living expense	1.
		Toll road payment	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	חע	
	Date	Payee name	
L	12/10/2024	North Texas Toll Authority	
	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 Check if Austin, TX, officeholder living expense	1.
		Toll road payment	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	חע	
	Date	Payee name	
	11/29/2024	North Texas Toll Authority	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$42.00	5900 W PLANO PKWY S	
		Plano, TX 75093	
	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	т
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense	1.
		Airport Parking	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiorale to belieff C/OI	201	

#### 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

	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: 19/27 Rpt: 37/45	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	11/25/2024	North Texas Toll Authority
6	Amount (\$) \$60.75	7 Payee address; City; State; Zip Code 5900 W PLANO PKWY S
		Plano, TX 75093
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Toll road payment
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/13/2024	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	Payee name
	11/01/2024	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/Ol	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 cor	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 20/27 Rpt: 38/45	Luther, Shelley A. (Ms.)		00084939
4	Date	5 Payee name		
L	12/24/2024	O'Neal Visionary		
	Amount (\$) \$3,887.50	7 Payee address; City; State; Zip Coo 3821 Juniper Trace Ste 106 Austin, TX 78728		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office holder living expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Austin Living Expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
L	11/08/2024	Party City		
	Amount (\$) \$10.48	Payee address; City; State; Zip Coo 1701 Preston Pl	de	
		Plano, TX 75093		
	PURPOSE OF EXPENDITURE	(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  Watch Party Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	Date 12/20/2024	Payee name Quick Check		
	Amount (\$) \$29.95	Payee address; City; State; Zip Coo 411 W Haning St	de	
		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/OI	Candidate/Officeholder name Office soug	ght	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 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 cor	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 21/27 Rpt: 39/45	Luther, Shelley A. (Ms.)		00084939
4	Date	5 Payee name		·
	12/10/2024	Quick Check		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$38.04	411 W Haning St		
		Howe, TX 75459		
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
				. 46.
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	tht	Office held
	expenditure to benefit C/OI		gc	Ccc
_	Date	Payee name		
	11/29/2024	QuickTrip		
	Amount (\$)	Payee address; City; State; Zip Coo	de.	
	\$24.72	3624 S US Hwy 75	uc	
	ΨΕΕ	302 1 3 3 3 1 mg 1 3		
		Sherman, TX 75090		
	PURPOSE		(h)	Providelia
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Havei in district		Check if Austin, TX, officeholder living expense
				Fuel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	experialiture to benefit C/Oi	'		
	Date	Payee name		
	11/25/2024	Saltgrass Steakhouse		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$75.36	2801 CRAIG DRIVE		
		McKinney, TX 75072		
	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 Food
				. 555
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI		,	555.1616
_				

### 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/Officenoider/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: 22/27 Rpt: 40/45	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	11/26/2024	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$765.95	2702 LOVE FIELD DR
		Dallas, TX 75235
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
		Airfare
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	Date	Payee name
	11/26/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	2702 LOVE FIELD DR
	420.00	_,,,,,
		Dallas, TX 75235
	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
		Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
-	Date	Payee name
	11/05/2024	Sweetie Pies Ribeyes
_	Amount (\$)	Payee address; City; State; Zip Code
	\$157.74	201 W. Main St
	Ψ131.14	ZOT W. Main St
		Decatur, TX 76234
	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
		Food at meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 23/27 Rpt: 41/45	Luther, Shelley A. (Ms.)		00084939
4	Date	5 Payee name		•
	12/31/2024	TJ Maxx		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$86.58	4600 Medford Dr		
		Lufkin, TX 75901		
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 Office Supplies
				Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
9	expenditure to benefit C/OI		agrit	Office field
_	Date	Davis and		
	11/05/2024	Payee name TXB 5		
	Amount (\$)	Payee address; City; State; Zip Co	oae	
	\$27.66	2255 N State Hwy 121		
		Bonham, TX 75418		
	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 sou	ıght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	11/19/2024	True Options Pregnancy Center		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$140.21	105 W Pecan St		
		Sherman, TX 75090		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Event Expense	<b> </b> `	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·		Check if Austin, TX, officeholder living expense
				True Options Pregnancy Center Event tickets
	Operation ONE V. C. F.	Open lide to 10ff in the led on the		0#
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıgnt	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 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: 24/27 Rpt: 42/45	Luther, Shelley A. (Ms.)		00084939
4	Date	5 Payee name		<b>-</b>
	11/19/2024	True Options Pregnancy Center		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$33.86	105 W Pecan St		
		Sherman, TX 75090		
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.
	EXPENDITORE	•		Check if Austin, TX, officeholder living expense
				True Options Pregnancy Center Event tickets
_	0 1: 0.11.7.7.1.	0.51.105.111		0.00
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	12/09/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$10.72	1725 3rd St		
		San Francisco, CA 94158		
	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  Ridesharing
				Trideshamig
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		giii	Since hold
	Date	Daylee name		
	12/09/2024	Payee name Uber		
	Amount (\$)	Payee address; City; State; Zip Co	,do	
	\$8.69	1725 3rd St	ue	
	Ψ0.09	1720 314 31		
		San Francisco, CA 94158		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense
				Ridesharing
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	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 comple	ete this form.
1	Total pages Schedule F1: Sch: 25/27 Rpt: 43/45	2 FILER NAME Luther, Shelley A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00084939
4	Date 12/05/2024	5 Payee name Uber	
6	Amount (\$) \$13.79	7 Payee address; City; State; Zip Code 1725 3rd St	
8	PURPOSE OF EXPENDITURE	San Francisco, CA 94158  (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  Ridesharing
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 12/04/2024	Payee name Uber	
	Amount (\$) \$10.22	Payee address; City; State; Zip Code 1725 3rd St  San Francisco, CA 94158	
	PURPOSE OF EXPENDITURE		Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Ridesharing
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 12/03/2024	Payee name Uber	
	Amount (\$) \$11.86	Payee address; City; State; Zip Code 1725 3rd St	
		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 outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Ridesharing
	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 Cor

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

	Candidate/Officenoider/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: 26/27 Rpt: 44/45	Luther, Shelley A. (Ms.) 00084939
4	Date	5 Payee name
	10/30/2024	Vote Kinard Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$251.00	2506 Valley Forge
		Richardson, TX 75080
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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
		Campaign Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	12/27/2024	Wal-Mart
	Amount (\$) \$73.55	
	\$13.55	401 W 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
	!	Office Supplies
	!	er
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
-	Date	Payee name
	10/30/2024	Webconnex
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.64	1200 2nd St
	Ψ20.04	1200 2Hu 3t
		Carramanta CA 05044
		Sacramento, CA 95814
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Ticket processing software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

### 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	plete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 27/27 Rpt: 45/45	Luther, Shelley A. (Ms.)		00084939	
4	Date	5 Payee name		•	
	11/27/2024	Wendy's			
6	Amount (\$)	7 Payee address; City; State; Zip Cod	e		
	\$21.67	7800 AIRPORT BLVD C			
		Houston, TX 77061			
8	PURPOSE		b) Description		
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		outside of Texas. Com	plete Schedule T.
l	EXPENDITURE	. 000,720,101,800 <u>-</u> 7,60,100	Check if Austir	n, TX, officeholder living	expense
l			Food		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht	Office he	eld
L	experiantire to benefit G/O	<u> </u>			
Г	Date	Payee name			
l	10/28/2024	Wix.com			
Г	Amount (\$)	Payee address; City; State; Zip Cod	е		
l	\$636.51	500 Terry A. Francois Boulevard			
l		6th Floor			
l		San Francisco, TX 94158			
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description		
l	OF EXPENDITURE	Office Overhead/Rental Expense	<b>—</b>	outside of Texas. Com	
l	LXI LINDITORL		ш	n, TX, officeholder living	expense
			Website host	ung	
┝	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office he	ald.
l	expenditure to benefit C/O			Office fic	iu .
$\vdash$					
l					