CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Τŀ	e C/OH Instruction	Guide explains how to co	omplete this form.	1 Filer ID (Ethics Comn 0008027		2 Total pages	s filed: 37
3	CANDIDATE /	MS / MRS / MR	FIRST		MI		E USE ONLY
ľ	OFFICEHOLDER	The Honorable	Lynn D.				E USE ONLY
	NAME		Lynn D.			Date Received	
						ELECTRON	CALLY FILED
						. 01/14/2025	
		NICKNAME	LAST		SUFFIX	01/14/2020	
			Stucky				
4	CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #; CI	TY;	ZIP CODE	Date Hand-delivere	ed or Date Postmarked
	OFFICEHOLDER	P.O. Box 464					
	MAILING	1.0.007 404				Receipt #	Amount
	ADDRESS						
	Change of Address	Denton, TX 76202				Data Drawand	
						Date Processed	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI	_	
	TREASURER	Mr.	Robert D.				
	NAME						
		NICKNAME	LAST		SUFFIX		
			Seay				
6	CAMPAIGN	STREET ADDRESS (NO		ΔΕ	PT / SUITE #; CITY;	C	STATE; ZIP CODE
ľ	TREASURER		JI O BOXT ELASE),		1730HE#, 0HT,		JIAIL, ZII CODE
	ADDRESS	902 N. Locust					
	(Residence or Business)						
		Denton, TX 76201					
7	CAMPAIGN	AREA CODE F	HONE NUMBER	EXTENSION			
	TREASURER	(940) 387-8563 x21					
	PHONE	(340) 307-0303 XZI					
8	REPORT TYPE						
		X January 15	30th day befor		Runoff		campaign treasurer officeholder only)
		July 15	8th day before		Exceeded modified	-	Attach C/OH-FR)
					reporting limit		
9	PERIOD COVERED	,	ear		Month Day	Year	
	COVERED	07/01/2024	Т	HROUGH	12/31/202	4	
10	ELECTION	ELECTION DAT	E		ELECTION TYPE		
		Month Day Y	ear 🛛 🗖 I	Primary	Runoff	Other	
		,					
				General	Special		
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
I	002	State Representative	District 61			(
			District 04				
1							
Γ							
1							
1							
1			GO	TO PAGE 2			
Fo	rms provided by Te	exas Ethics Commission	WWW.R	thics.state.tx.u	JS	Vei	rsion V4.1.0.5dd2ace2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 37

15 NOTICE This box is for notice of political contributions accepted or political candidate / officeholder. These expenditures may have been made consent. Candidates and officeholders are required to report this in COMMITTEE(S) Additional Pages COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER COMMITTEE CAMPAIGN TREASURER COMMITTEE CAMPAIGN TREASURER	e without the candidate's or office nformation only if they receive no NAME ADDRESS HER THAN PLEDGES, LOANS,	eholder's knowledge of otice of such expenditu	r
Additional Pages COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER	ADDRESS		
GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER	ADDRESS		
COMMITTEE CAMPAIGN TREASURER	ADDRESS		
COMMITTEE CAMPAIGN TREASURER	ADDRESS		
	ADDRESS		
	HER THAN PLEDGES, LOANS,		
COMMITTEE CAMPAIGN TREASURER			
Image: Contribution Totals Total Unitemized Political Contributions (othors or guarantees of Loans, or contributions m/			0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES O	OF LOANS)	\$	0.00
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS		\$	0.00
4. TOTAL POLITICAL EXPENDITURES		\$ 34,70	6.30
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS C BALANCE REPORTING PERIOD	DF THE LAST DAY OF THE	\$ 39,25	3.97
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LO LOAN TOTALS OF THE REPORTING PERIOD	DANS AS OF THE LAST DAY	\$	0.00
	ler penalty of perjury, that the acc ncludes all information required t n Code.		
ī	Fhe Honorable Lynn D. Stuck	¢y	
Sig	gnature of Candidate or Officehol	lder	
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by the said	, this the	day	
of, 20, to certify which, witness my hand and seal of c	office.		
Signature of officer administering Printed name of officer administering	-	r administering oath Version V4.1.0.5dd2	-

SI	JBT	OTALS - C/OH	C	FORM C/OH OVER SHEET PG 3 3 of 37
18 FILI Stu		ME ynn D. (The Honorable)	19 Filer ID 00080276	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 27,811.49
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 6,894.81
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	ONS	\$
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 262.92

			EXPE	NDITURE CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards nmittee Legal Servi	age Expense /Memorials Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/14 Rpt: 4/37		Stucky, Lynn D. (Th	e Honorable)				00080276	
4	Date	5	Payee name						
	07/19/2024		Bank of America						
6	Amount (\$)	7	Payee address; C	ity; State;	Zip Co	le			
	\$1,417.54		PO Box 851001						
			Dallas, TX 75285						
8	PURPOSE	(a)	Category (See Categorie	s listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Credit Card Payme					ide of Texas. Compl	
								, officeholder living e	for campaign and
									ed on schedule F-4
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder	name C	Office souç	ht		Office hel	d
	Date		Payee name						
	08/20/2024		Bank of America						
	Amount (\$)		Payee address; C	ity; State;	Zip Co	le			
	\$673.89		PO Box 851001		•				
			Dallas, TX 75285						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categorie Credit Card Payme		edule)	Check if Austin Payment on	n, TX, Cre(
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder	Dffice soug	ht		Office hel	d	
	Date		Payee name						
	09/19/2024		Bank of America						
	Amount (\$)		Payee address; C	ity; State;	Zip Co	le			
	\$921.03		PO Box 851001	ity, Otate,	210 000				
			Dallas, TX 75285						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categorie Credit Card Payme		edule)	Check if Austin Payment on	n, TX, Cre(
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder	name C	Office sou	ht		Office hel	d

				EXPENDITU	JRE CATEGO	RIES FOR	R BO)X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fe Fe G nmittee Le	vent Expense ees ood/Beverage Exp ift/Awards/Memori gal Services he Instruction		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense pense (ages/	e /Contract Labor		Solicitation/Fund Transportation E Travel in District Travel Out of Dis OTHER (enter a	quipment &	Related Expense
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics C	Commission Filers)
	Sch: 2/14 Rpt: 5/37		Stucky, Lynn	D. (The Hor	norable)					00080276		
4	Date	5	Payee name									
	10/22/2024		Bank of Ame	ica								
6	Amount (\$)	7	Payee address	; City;	State	; Zip Co	de					
	\$2,234.97		PO Box 8510	01								
			Dallas, TX 75	285								
8	PURPOSE	(a)	Category (See	Categories listed	at the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Credit Card F	ayment						de of Texas. Com		ule T.
	-							Payment on (officeholder living	•	anaign and
								officeholder e				
_	Complete ONIL V if direct		Candidate/Office			Office sour			·	-		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		anuluale/Onice	enolder hame			ynt			Office he	eiu	
	Date		Payee name									
	11/21/2024	Bank of Ame	ica									
	Amount (\$)		Payee address	; City;	State	; Zip Co	de					
	\$596.42		PO Box 8510	01								
			Dallas, TX 75	285								
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Credit Card Payment				(b)	D Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
								Payment on o				nnaign and
								officeholder e				
	Complete ONLY if direct	Candidate/Officeholder name Office sought					· · ·					
	expenditure to benefit C/O		candidate/Onice			Onice Sou	gin			Onice ne	au	
	Date		Payee name									
	12/17/2024		Bank of Ame	ica								
	Amount (\$)		Payee address	; City;	State	; Zip Co	de					
	\$567.69		PO Box 8510	01								
			Dallas, TX 75	285								
	PURPOSE OF	(a)	Category (See		at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Credit Card F	ayment						de of Texas. Com officeholder living		ule T.
								Payment on (nnaign and
								officeholder e				
		L		la a lal c v vi		0#14-				-		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	nolder name	(Office sou	ght			Office he	eld	

				EXPENDITURE	CATEGOR	RIES FOF	R BO	X 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fi Fi G nmittee Le	vent Expense ees ood/Beverage Expense ift/Awards/Memorials E egal Services 'he Instruction Gui	xpense	Office Ove Polling Ex Printing Ex Salaries/W	erhead pense xpense Vages/	e /Contract Labor		Travel in District Travel Out of Di	Equipm t strict	g Expense ent & Related Expense ory not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Eth	nics Commission Filers)
	Sch: 3/14 Rpt: 6/37			D. (The Honora	able)					00080276		
4	Date 08/29/2024	5	Payee name Champions F	Rotary Club								
6	Amount (\$) \$244.00	7	Payee address 211 S Oak Si Roanoke, TX	i	State;	Zip Co	ode					
8	PURPOSE OF EXPENDITURE	(a)	Category _{(See} Fees	Categories listed at the	e top of this sch	edule)		Check if Austin	, тх,	de of Texas. Com officeholder living Dership due	g expei	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	eholder name	C	Office sou	ight			Office h	eld	
	Date		Payee name									
	10/02/2024		Champions F	otary Club								
	Amount (\$) \$218.00		Payee address 211 S Oak St Roanoke, TX	i	State;	Zip Co	ode					
	PURPOSE OF EXPENDITURE	(a)		Categories listed at the	e top of this sch	edule)		Check if Austin	, TX,	de of Texas. Com officeholder living Dership due	g expe	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	eholder name	C	Office sou	ght			Office h	eld	
	Date		Payee name									
	07/16/2024		Dresher, Lyle	!								
	Amount (\$) \$200.00		Payee address 5909 Tawakc		State;	Zip Co	ode					
			Argyle, TX 76									
	PURPOSE OF EXPENDITURE	(a)		Categories listed at the les/Contract Lal		edule)			, TX,	de of Texas. Com officeholder living act labor		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	eholder name	C	Office sou	ight			Office h	eld	

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/14 Rpt: 7/37	Stucky, Lynn D. (The Honorable)	00080276
4	Date	Payee name	
	08/01/2024	Dresher, Lyle	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	5909 Tawakoni Dr	
		Argyle, TX 76226	
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
		Campaign cor	
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/29/2024	Dresher, Lyle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	5909 Tawakoni Dr	
		Argyle, TX 76226	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense htract labor
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/12/2024	Dresher, Lyle	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	5909 Tawakoni Dr	
		Argyle, TX 76226	
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense htract labor
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/14 Rpt: 8/37	Stucky, Lynn D. (The Honorable)	00080276
4	Date 10/27/2024	5 Payee name Dresher, Lyle	
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 5909 Tawakoni Dr Argyle, TX 76226	
8	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense ntract labor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/01/2024	Dresher, Lyle	
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 5909 Tawakoni Dr	
		Argyle, TX 76226	
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense ntract labor
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/01/2024	Morris, Tonya	
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 500 S. IH 35E #318 Denton, TX 76205	
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense ntract labor
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPENDITURE CATEGO	RIES FO	R BO	DX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains	Office Ov Polling Ex Printing E Salaries/V	erhea kpens Expens Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 6/14 Rpt: 9/37		Stucky, Lynn D. (The Honorable)					00080276
4	Date	5	Payee name					
	08/01/2024		Morris, Tonya					
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode			
-	\$500.00		500 S. IH 35E	,				
			#318					
			Denton, TX 76205					
8	PURPOSE	(0)			(1)	Description		
°	OF	(a)	Category (See Categories listed at the top of this sch Salaries/Wages/Contract Labor	nedule)	(0)	Description	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Salaries/Wages/Contract Labor					officeholder living expense
						Campaign co	ontra	act labor
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ught			Office held
	Date		Payee name					
	08/29/2024		Morris, Tonya					
	Amount (\$)		Payee address; City; State	; Zip Co	ode			
	\$500.00		500 S. IH 35E					
			#318					
			Denton, TX 76205					
_	PURPOSE	(a)	Category (See Categories listed at the top of this sch	redule)	(b)	Description		
	OF EXPENDITURE		Salaries/Wages/Contract Labor	,			outsi	de of Texas. Complete Schedule T.
	EXPENDITORE							officeholder living expense
						Campaign co	ontra	actilabor
				0.11				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ignt			Office held
_	Data	—						
	Date 10/12/2024		Payee name Morris, Tonya					
				7. 0	<u> </u>			
	Amount (\$)			; Zip Co	bae			
	\$500.00		500 S. IH 35E					
			#318					
			Denton, TX 76205					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description		
	EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Complete Schedule T. officeholder living expense
						Campaign co		
-	Complete ONLY if direct	L(Candidate/Officeholder name	Office sou	l Jght			Office held
	expenditure to benefit C/OI				-			

			EXPENDITURE C	ATEGORIES F	OR B	OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Office Polling ense Printin Salarie	Overhea Expens g Expens s/Wage	se s/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
1	Total pages Schedule F1:	EII ER			p-		2	Filer ID	(Ethics Commission Filers)
-	Sch: 7/14 Rpt: 10/37		, Lynn D. (The Honorab	le)				00080276	
4	Date 10/27/2024	Payee Morris	name Tonya						
6	6 Amount (\$) 7 Payee address; City; State; Zip Code \$500.00 500 S. IH 35E #318 Denton, TX 76205								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Campaign contract labor									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidat	e/Officeholder name	Office s	ought			Office he	ld
	Date	Payee	name						
	12/01/2024	Morris	Tonya						
	Amount (\$) \$500.00	500 S. #318	address; City; IH 35E n, TX 76205	State; Zip	Code				
	PURPOSE OF EXPENDITURE		ry (See Categories listed at the to s/Wages/Contract Labo		(b)		n, TX,	de of Texas. Comp , officeholder living act labor	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidat	e/Officeholder name	Office s	ought			Office he	ld
	Date	Payee	name						
	08/02/2024	Overtu	rf, Jordan						
	Amount (\$) \$2,500.00		address; City; Pebble Bend Drive	State; Zip	Code				
			on, TX 77068						
	PURPOSE OF EXPENDITURE		ry (See Categories listed at the to es/Wages/Contract Labo		(b)		n, TX,	de of Texas. Comp , officeholder living act labor	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidat	e/Officeholder name	Office s	ought			Office he	ld

			EXPENDITUR	RE CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ages/Contract I	xpense Labor	Transporta Travel in E Travel Out	ation Eq District t of Disti	aising Expense uipment & Related Expense rict ategory not listed above)
_	Tatal same Oak adula E1	0 51 5		uiue explains						(Ethics Commission Films)
1	Total pages Schedule F1: Sch: 8/14 Rpt: 11/37		R NAME ky, Lynn D. (The Hono	rable)				3 Filer ID000802	276	(Ethics Commission Filers)
4	Date 08/30/2024	-	e name turf, Jordan				·			
6				Ctoto	; Zip Coo					
6	Amount (\$) \$2,500.00	156	e address; City; .9 Pebble Bend Drive ston, TX 77068	Slale,	, Ζιρ Οοι	le				
8	PURPOSE	(a) Cato					ation			
0	OF		gory (See Categories listed at t ries/Wages/Contract L		iedule)	Chec	ck if travel o ck if Austin,	utside of Texas TX, officeholde ntract labo	er living e	lete Schedule T. expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late/Officeholder name	C	Office soug	ht		Offi	ce hel	d
	Date	Paye	e name							
	10/29/2024	Ove	turf, Jordan							
	Amount (\$)	Pave	e address; City;	State:	; Zip Coo	le				
	\$2,500.00	156	9 Pebble Bend Drive		, 1,					
	PURPOSE OF EXPENDITURE		gory (See Categories listed at t ries/Wages/Contract La		nedule)	Chec	ck if travel o ck if Austin,	utside of Texas TX, officeholde ntract labo	er living e	lete Schedule T. expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late/Officeholder name	C	Office soug	ht		Offi	ce hel	d
	Date	Pave	e name							
	10/15/2024	-	turf, Jordan							
	Amount (\$) \$2,500.00	Paye	e address; City; 9 Pebble Bend Drive	State;	; Zip Coc	le				
		Hou	ston, TX 77068							
	PURPOSE OF EXPENDITURE		gory (See Categories listed at t ries/Wages/Contract Li		nedule)	Chec	ck if travel o ck if Austin,	utside of Texas TX, officeholde ntract labo	er living e	lete Schedule T. expense
	Complete ONLY if direct expenditure to benefit C/OF		late/Officeholder name	C	Office soug	ht		Offi	ce hel	d

			EXPENDITURE CATEGOR	IES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 9/14 Rpt: 12/37		Stucky, Lynn D. (The Honorable)				00080276			
4	Date 12/04/2024	5	Payee name Overturf, Jordan							
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le					
•	\$2,500.00		15619 Pebble Bend Drive	p 000						
			Houston, TX 77068							
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schere Salaries/Wages/Contract Labor	dule)		n, TX,	de of Texas. Complete Schedule T. officeholder living expense act labor			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice souç	ht		Office held			
	Date		Payee name							
	07/02/2024 Residential Condos at Brazos Place Owners Association									
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$592.80		8310-1 N. Capital of Texas Highway							
			Suite 225							
			Austin, TX 78731							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	alula)	(b) Description					
	OF		Office Overhead/Rental Expense	aule)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE		·				officeholder living expense			
			Homeowner a apartment in A				association dues for Officeholder's Austin			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice sou	ht		Office held			
	Date		Payee name							
	08/02/2024		Residential Condos at Brazos Place Ow	vners As	sociation					
	Amount (\$)		Payee address; City; State;	Zip Co	le					
	\$592.80		8310-1 N. Capital of Texas Highway							
			Suite 225							
			Austin, TX 78731							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description					
			Office Overhead/Rental Expense	uuic)		outsi	de of Texas. Complete Schedule T.			
	EXPENDITURE					ass	officeholder living expense ociation dues for Officeholder's stin			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Of	ffice soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor	Tra Tra Tra	ansportation E avel in District avel Out of Dis	raising Expense quipment & Related Expense trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3 Fi	ler ID	(Ethics Commission Filers)
-	Sch: 10/14 Rpt: 13/37		Stucky, Lynn D. (The Honorable)			-	0080276	
4	Date 08/02/2024	5	Payee name Residential Condos at Brazos Place Ov	wners As	sociation			
6		-		Zip Co				
0	Amount (\$) \$574.50	ľ	, , , , , , , , , , , , , , , , , , ,		ie			
	\$574.50		8310-1 N. Capital of Texas Highway					
			Suite 225					
			Austin, TX 78731					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Office Overhead/Rental Expense					blete Schedule T.
					Check if Austin			
					apartment in			s for Officeholder's
9	Complete ONLY if direct		Candidate/Officeholder name C	Office soug	-		Office he	Id
9	expenditure to benefit C/OI			JIIICE SOUĮ	, int		Once ne	10
	Date		Payee name					
	09/03/2024		Residential Condos at Brazos Place Ov	wners As	sociation			
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$592.80		8310-1 N. Capital of Texas Highway					
			Suite 225					
			Austin, TX 78731					
	DUDDOCE							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outside o	of Texas, Com	plete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense		X Check if Austin			
								s for Officeholder's
					apartment in	Austir	า	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name C	Office sou	ht		Office he	ld
	Date		Payee name					
	10/02/2024		Residential Condos at Brazos Place Ov	wners As	sociation			
	Amount (\$)			Zip Co				
	\$592.80		8310-1 N. Capital of Texas Highway	210 000				
	\$352.00		Suite 225					
			Austin, TX 78731	i				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description			
	EXPENDITURE		Office Overhead/Rental Expense		Check if travel			olete Schedule T.
								s for Officeholder's
					apartment in			
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office soug	iht		Office he	ld
	expenditure to benefit C/OI			AUCE SOUL	p n.			iu
⊢								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expla	Office Polling Printing Salarie	Overhe Expen g Expe s/Wag	nse es/Contract Labor		Solicitation/Fundraising I Transportation Equipmen Travel in District Travel Out of District OTHER (enter a categor	nt & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethio	cs Commission Filers)
	Sch: 11/14 Rpt: 14/37		Stucky, Lynn D. (The Honorable)					00080276	
4	Date	5	Payee name						
	11/04/2024		Residential Condos at Brazos Plac	e Owners	Ass	ociation			
6	Amount (\$)	7	Payee address; City; S	itate; Zip	Code	•			
	\$592.80		8310-1 N. Capital of Texas Highwa	ay					
			Suite 225						
			Austin, TX 78731						
8	PURPOSE	(a)	Category (See Categories listed at the top of th	is schedule)	(b) Description			
	OF		Office Overhead/Rental Expense	is seriedule)			outsid	de of Texas. Complete Sc	hedule T.
	EXPENDITURE							officeholder living expense	
						Homeowner apartment in		ociation dues for	Officeholder's
						•	Aus		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office s	ough	t		Office held	
	Date		Payee name						
	12/02/2024		Residential Condos at Brazos Plac	e Owners	Ass	ociation			
	Amount (\$)		Payee address; City; S	itate; Zip	Code	;			
	\$592.80		8310-1 N. Capital of Texas Highwa	ay					
			Suite 225						
			Austin, TX 78731						
	PURPOSE	(a)	Category (See Categories listed at the top of th		(h) Description			
	OF	(~,	Office Overhead/Rental Expense	is schedule)	(outsid	de of Texas. Complete Sc	hedule T.
	EXPENDITURE					X Check if Austin	n, TX,	officeholder living expens	se
						Homeowner apartment in	-	ociation dues for stin	Officeholder's
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office s	ough	t		Office held	
	Date	1	Payee name						
	12/02/2024		Robson Ranch Republican Club						
	Amount (\$)		·	state; Zip	Code	•			
	\$100.00		8804 Crestview Dr		0000				
			Denton, TX 76207		-				
	PURPOSE OF	(a)	Category (See Categories listed at the top of th	is schedule)	(b	Description			hadde T
	EXPENDITURE		Advertising Expense					de of Texas. Complete Sc officeholder living expens	
									b's Christmas party
									· ···· •
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office s	ough	t		Office held	
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials mittee Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			-	3	Filer ID (Ethics Commission Filers)
	Sch: 12/14 Rpt: 15/37		Stucky, Lynn D. (The Honor	able)				00080276
4	Date 07/02/2024		Payee name Yardi					
6	Amount (\$) \$0.95	7 Payee address; City; State; Zip Code \$0.95 430 S Fairview Avenue Santa Barbara, CA 93117						
8	B PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Fees Fees Fees					, officeholder living expense ayment of homeowner association		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held
	Date		Payee name					
	08/02/2024		Yardi					
	Amount (\$) \$0.95		Payee address; City; 430 S Fairview Avenue Santa Barbara, CA 93117	State;	; Zip Coo	le		
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th	e top of this sch	iedule)	Check if Austin Fee for online	, тх, е р а	ide of Texas. Complete Schedule T. , officeholder living expense ayment of homeowner association older's apartment in Austin
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held
	Date		Payee name					
	08/02/2024		Yardi					
	Amount (\$) \$0.95		Payee address; City; 430 S Fairview Avenue	State;	; Zip Coo	le		
			Santa Barbara, CA 93117					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at th	e top of this sch	edule)	Check if Austin Fee for online	, тх, е р а	ide of Texas. Complete Schedule T. , officeholder living expense ayment of homeowner association older's apartment in Austin
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office soug	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 13/14 Rpt: 16/37	Stucky, Lynn D. (The Honorable)	00080276			
4	Date 09/03/2024	Payee name Yardi				
6	Amount (\$) \$0.95	Payee address; City; State; Zip Code 430 S Fairview Avenue Santa Barbara, CA 93117				
8	PURPOSE OF EXPENDITURE	Tools	outside of Texas. Complete Schedule T. TX, officeholder living expense e payment of homeowner association eholder's apartment in Austin			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	10/02/2024	Yardi				
	Amount (\$) \$0.95	Payee address; City; State; Zip Code 430 S Fairview Avenue Santa Barbara, CA 93117				
	PURPOSE OF EXPENDITURE	 a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel of X Check if Austin, Fee for online 	outside of Texas. Complete Schedule T. TX, officeholder living expense e payment of homeowner association eholder's apartment in Austin			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	11/04/2024	Yardi				
	Amount (\$) \$0.95	Payee address;City;State;Zip Code430 S Fairview Avenue				
		Santa Barbara, CA 93117				
	PURPOSE OF EXPENDITURE	Image: Check if Austin, Fee for online	outside of Texas. Complete Schedule T. TX, officeholder living expense e payment of homeowner association eholder's apartment in Austin			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FO	R BOX 8(a)	
Candidate/Officeholder/Politica	Event Expense Loan Rep Fees Fees Office Ov Food/Beverage Expense Gift/Awards/Memorials Expense Printing E Printing E I Committee Legal Services Salaries/A	bayment/Reimbursement erhead/Rental Expense kpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
-		omplete this form.	
Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 14/14 Rpt: 17/37	Stucky, Lynn D. (The Honorable)		00080276
Date 12/02/2024	5 Payee name Yardi	·	
Amount (\$)	7 Pavee address: City: State: Zin Co	nde	
\$0100			
	Santa Barbara, CA 93117	_	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. X, officeholder living expense
		Fee for online p	payment of homeowner association holder's apartment in Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ught	Office held
	Accounting/Bainking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment Total pages Schedule F1: Sch: 14/14 Rpt: 17/37 Date 12/02/2024 Amount (\$) \$0.95 PURPOSE OF EXPENDITURE	Advertising Expense Accounting/Banking Consulting Expense Credit Card Payment Loan Rep Fees Fees Contributions/ Donations Made By- Candidate/Officeholder/Political Credit Card Payment Loan Rep Office Ov Poling Expense Cift/Awards/Memorials Expense Cift/Awards/Memorials Expense Credit Card Payment Dolling Expense Fees Cift/Awards/Memorials Expense Cift/Awards/Memorials Expense Cift/Awards/Memorials Expense Legal Services Dolling Expense Cift/Awards/Memorials Expense Cift/Awards/Memorials Expense Credit Card Payment The Instruction Guide explains how to car Salaries/ The Instruction Guide explains how to car Stucky, Lynn D. (The Honorable) Date 5 Payee name 12/02/2024 Yardi Amount (\$) 7 Payee address; City; Santa Barbara, CA 93117 PURPOSE OF EXPENDITURE (a) Category Fees (See Categories listed at the top of this schedule) Fees	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reinbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor Total pages Schedule F1: Credit Card Payment 2 FILER NAME Stucky, Lynn D. (The Honorable) 3 Date 5 Payee name Yardi 3 Amount (\$) 7 Payee address; Santa Barbara, CA 93117 Stucky / Lynn D. (The Honorable) 430 S Fairview Avenue PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel out X Check if Austin, T. Fee for online p dues for Office

		ENDITURE CATEGORIE					
Advertising Expense Accounting/Banking	Event Expe Fees	C	oan Repayment/F	Reimbursement ental Expense	Solicitation/Fundraising Transportation Equipme		Expense
Consulting Expense Contributions/ Donations Made By	/- Gift/Award	s/Memorials Expense F	Polling Expense Printing Expense		Travel in District Travel Out of District		
Candidate/Officeholder/Politica	0		Salaries/Wages/Co		OTHER (enter a categor	y not listed al	oove)
		ruction Guide explains ho	w to complete	unis iorm.		<u> </u>	····
1 Total pages Schedule F4:					3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 1/19 Rpt: 18/37	Stucky, Lynn D. (Th	-			00080276		
4 CREDIT CARD ISSUER	Name of final	ncial institution		OF UNITEMIZEI	D \$		
ISSUER	Bank of	America		GED TO A CRED			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge) Credit Card Issu	uer Paid		
	\$147.34	10/04/2024	10/22/20)24			
7 PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
			PO Box	105249			
	Direct TV						
			Atlanta,	GA 30348			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this school (10)	(b) Descri				
	Office Overhead/Rent	•	Cable T	/ for District offi	ice in Denton		
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, T	rX, officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge) Credit Card Issu	uer Paid		
	\$147.34	11/04/2024	11/21/20)24			
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Direct TV		PO Box	105249			
	Direct i v						
			-	GA 30348			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•	ico in Donton		
	Office Overhead/Ren		Cable TV for District office in Denton				
X Political							
Non-Political		of Texas. Complete Schedule T.		Check if Austin, T	TX, officeholder living exp	ense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Off	ice sought		Office held		
expenditure to benefit C/OH	(a) Amount Charged	(h) Data of Charge		Credit Card las	ion Daid		
PAYMENT	(a) Amount Charged	(b) Date of Charge	08/20/20) Credit Card Issu)24	uer Palu		
	\$10.50	07/12/2024	00/20/20				
			(1) -				
PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
	Family Dollar		100 Map	le St			
			Donton	TY 76201			
PURPOSE OF	(a) Category		(b) Descri	TX 76201			
EXPENDITURE	(See Categories listed at the top		. ,	for District offic	ce in Denton		
X Political	Office Overhead/Rent	tal Expense					
Non-Political		of Toyon Complete Ortradit		Charle if Accenting		00000	
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	ice sought	Cneck if Austin, T	TX, officeholder living exp Office held	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		UII UII	ice sought		Onice Helu		

				SCHEDULE F4		
	EXPE	ENDITURE CATEGOR	NES FOR BOX 10(a)			
Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense		
Consulting Expense	Food/Beve	rage Expense	Polling Expense	Travel in District		
Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices		Travel Out of District OTHER (enter a category not listed above)		
	5		now to complete this form.	(
1 Total pages Schedule F4:		••••	· · · · ·	3 Filer ID (Ethics Commission Filers)		
Sch: 2/19 Rpt: 19/37	Stucky, Lynn D. (Th	e Honorable)		00080276		
•		-	5 TOTAL OF UNITEMIZED			
4 CREDIT CARD ISSUER	Name of final	ncial institution	EXPENDITURES	´s		
ISSUEIX	see pi	revious	CHARGED TO A CREDI	τ		
			CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	\$63.02	07/16/2024	08/20/2024			
	Ψ U 3.02	07710/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	(u) r uyee hame		15280 Addison Road			
	Minol-USA		Ste 100			
			Addison, TX 75001			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)		(b) Description		
	Office Overhead/Rent		Utilities for Officeholder's	s apartment in Austin		
X Political		···				
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			T. X Check if Austin, T.	X, officeholder living expense		
9 Complete ONLY if direct Candidate/Officeholder name Office			ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	.,		12/17/2024			
	\$65.33	12/06/2024				
PAYEE			(b) Davias address:	City State Zip Code		
	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Spectrum		PO Box 60074			
			City of Industry, CA 917	16-0074		
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodule)	(b) Description			
	Office Overhead/Rent			nses for Officeholder's apartment in		
X Political			Austin			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. X Check if Austin, T.	X, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	\$254.39	12/01/2024				
	φ234.39	12/01/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
			701 Brazos			
	Capitol TWR					
			Suite GRG			
			Austin, TX 78701			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
_	Office Overhead/Rent		Monthly parking fee for (Officeholder's apartment in Austin		
X Political		L 2				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. X Check if Austin, T.	X, officeholder living expense		
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held		
expenditure to benefit C/OH						

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related E	xpense					
Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By - Gift/Awards/Memorials Expense Printing Expense Travel out of District						
Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed ab	ove)					
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commiss	ion Filers)					
Sch: 3/19 Rpt: 20/37 Stucky, Lynn D. (The Honorable) 00080276						
4 CREDIT CARD Name of financial institution 5 TOTAL OF UNITEMIZED						
ISSUER See previous EXPENDITURES \$						
CARD						
6 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid						
\$203.51 12/01/2024						
7 PAYEE (a) Payee name (b) Payee address; City, State,	Zip Code					
1400 Congress Ave						
Capitol Extension Gift Shop						
Austin, TX 78701						
8 PURPOSE OF (a) Category (b) Description						
EXPENDITURE (See Categories listed at the top of this schedule) Staff Christmas gifts						
Gift/Awards/Memorials Expense						
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH						
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid						
\$625.00 08/29/2024 09/19/2024						
PAYEE (a) Payee name (b) Payee address; City, State,	Zip Code					
2170 Collins Rd						
Miller Media Suite 1501						
Denton, TX 76208						
PURPOSE OF (a) Category (b) Description						
EXPENDITURE (See Categories listed at the top of this schedule) Payment on invoice for campaign advertisement	Payment on invoice for campaign advertisement					
Advertising Expense						
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH						
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid						
\$250.00 08/27/2024 09/19/2024						
PAYEE (a) Payee name (b) Payee address; City, State,	Zip Code					
1301 S Bonnie Brae						
North Texas Athletics						
Denton, TX 76201						
PURPOSE OF (a) Category (b) Description						
EXPENDITURE (See Categories listed at the top of this schedule) Campaign charitable donation						
EXPENDITURE (See Categories listed at the top of this schedule) Campaign charitable donation X Political Contributions/Donations Made By Candidate/Officeholder/Political Committee						
EXPENDITURE (See Categories listed at the top of this schedule) Campaign charitable donation X Political Candidate/Officeholder/Political Committee Campaign charitable donation						

7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 8 PURPOSE OF EXPENDITURE (a) Category (b) Payee address; City, State, Zip Code 9 Complete ONLY if direct (a) Category (b) Description Candidate/Officeholder/Political Committee Condidate/Officeholder/Political Committee Condidate/Officeholder name Office sough City, State, Zip Code 9 Complete ONLY if direct Candidate/Officeholder name Office sough City, State, Zip Code 9 Complete ONLY if direct Candidate/Officeholder name Office sough City, State, Zip Code 9 Complete ONLY if direct Candidate/Officeholder name Office sough City, State, Zip Code 9 S100.00 09/19/2024 (b) Date of Charge (b) Payee address; City, State, Zip Code 9 Complete ONLY if direct Candidate/Officeholder/Political Committee City, State, Zip Code 9 Complete ONLY if direct Candidate/Officeholder name Office sough City, State, Zip Cod				D	SCHEDULE F4	
Addressing Cases Durf C						
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4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	\$		
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Non-Political		of Texas. Complete Schedule T		TX, officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Off	ice sought	Office held		
PAYMENT	(a) Amount Charged \$147.34	(b) Date of Charge 08/04/2024	(c) Date(s) Credit Card Iss 08/20/2024	uer Paid		
PAYEE	(a) Payee name Direct TV	I	(b) Payee address; PO Box 105249	City,	State,	Zip Code
			Atlanta, GA 30348			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description Cable TV for District off	fice in Denton		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	Check if Austin,	TX, officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Off	ïce sought	Office held		
PAYMENT	(a) Amount Charged \$147.34	(b) Date of Charge 12/04/2024	(c) Date(s) Credit Card Iss	uer Paid		
PAYEE	(a) Payee name Direct TV		(b) Payee address; PO Box 105249 Atlanta, GA 30348	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Ren	tal Expense	(b) Description Cable TV for District off			
Non-Political		of Texas. Complete Schedule T		TX, officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Off	ïce sought	Office held		

EXPENDITURE			D	SCHEDULE F4			
	EXPE	NDITURE CATEGOR	IES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve - Gift/Awards I Committee Legal Serv	nse rage Expense //Memorials Expense ices	Loan Repayment/Reimbursement S Office Overhead/Rental Expense T Polling Expense T Printing Expense T	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District DTHER (enter a category not listed above)			
1 Total pages Cabadula E4		•	•	2 Filer ID (Ethios Commission Filers)			
1 Total pages Schedule F4: Sch: 6/19 Rpt: 23/37	Stucky, Lynn D. (Th	e Honorable)		3 Filer ID (Ethics Commission Filers) 00080276			
		ncial institution	5 TOTAL OF UNITEMIZED				
4 CREDIT CARD ISSUER		revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged \$62.83	(b) Date of Charge 11/17/2024	(c) Date(s) Credit Card Issue 12/17/2024	Paid			
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
			15280 Addison Road				
	Minol-USA		Ste 100				
			Addison, TX 75001				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	•	Utilities for Officeholder's apartment in Austin				
X Political	Office Overhead/Rent	al Expense					
Non-Political		t Taura Consulate Cale adula					
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. X Check if Austin, TX	c, officeholder living expense Office held			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Oniceriolder	indifie Of	ince sought				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid			
	\$100.00	09/19/2024	10/22/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
		D	521 N Locust				
	Woman to Woman	Pregnancy					
			Denton, TX 76201				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	Campaign charitable donation			
	Contributions/Donatio		Campaign chantable don	lation			
X Political	Candidate/Officeholde	er/Political Committe	e				
Non-Political		of Texas. Complete Schedule	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought	Office held			
expenditure to benefit C/OH		()					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 10/22/2024	er Paid			
	\$100.00	09/19/2024	10/22/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Refuge For Women		1980 E University Dr				
	Reluge For women						
			Denton, TX 76209				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
	Contributions/Donatio		Campaign charitable don	lation			
X Political	Candidate/Officeholde		е				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX	, officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought	Office held			
expenditure to benefit C/OH							

				SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve Gift/Awards I Committee Legal Serv	rage Expense s/Memorials Expense ices	RES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		fuction Guide explains r	low to complete this form.	
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)
Sch: 7/19 Rpt: 24/37	Stucky, Lynn D. (Th	-		00080276
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZ EXPENDITURES CHARGED TO A CRE CARD	\$
6 PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 09/19/2024	(c) Date(s) Credit Card Is 10/22/2024	suer Paid
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			306 N Loop 288	
	Giving Grace		Ste 112	
			Denton, TX 76209	
8 PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE (See Categories listed at the top of this schedule) Contributions/Donations Made By			Campaign charitable d	lonation
X Political	Candidate/Officeholde		e	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged \$254.39	(b) Date of Charge 07/02/2024	(c) Date(s) Credit Card Is 07/19/2024	suer Paid
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	ABM Parking Servio	ces	701 Brazos Suite GRG Austin, TX 78701	
PURPOSE OF	(a) Category		(b) Description	
	(See Categories listed at the top Office Overhead/Rent		Monthly parking fee fo	r Officeholder's apartment in Austin
X Political				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. X Check if Austin	, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Is 08/20/2024	suer Paid
	\$254.39	08/01/2024	08/20/2024	
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			701 Brazos	
	ABM Parking Servio	285	Suite GRG	
			Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
	Office Overhead/Rent		Monthly parking fee fo	r Officeholder's apartment in Austin
X Political				
Non-Political		of Texas. Complete Schedule		, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office held

			D	SCHEDULE F4	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve - Gift/Award	rage Expense s/Memorials Expense	IES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
	5		ow to complete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Sch: 8/19 Rpt: 25/37	Stucky, Lynn D. (Th	ne Honorable)		00080276	
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZE	D	
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CRED CARD	ST	
6 PAYMENT	(a) Amount Charged \$254.39	(b) Date of Charge 10/01/2024	(c) Date(s) Credit Card Iss 10/22/2024	uer Paid	
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code	
	Capital TM/D		701 Brazos		
	Capitol TWR		Suite GRG		
			Austin, TX 78701		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		() ((b) Description Monthly parking fee for Officeholder's apartment in Austin	
X Political	Office Overhead/Rental Expense				
Non-Political		/=	- D a krass		
9 Complete <u>ONLY</u> if direct	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	T. X Check if Austin, T	TX, officeholder living expense Office held	
expenditure to benefit C/OH	Candidate/Oniceriolder	name Of	nice sought		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid	
	\$254.39	11/01/2024	11/21/2024		
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code	
	Capitol TWR		701 Brazos		
			Suite GRG		
	(a) Category		Austin, TX 78701 (b) Description		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent		Monthly parking fee for Officeholder's apartment in Austin		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. X Check if Austin,	TX, officeholder living expense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	ffice sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid	
	\$86.60	07/26/2024	08/20/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
	Capitol Extension C	Gift Shop	1400 Congress Ave		
PURPOSE OF	(a) Category		Austin, TX 78701 (b) Description		
EXPENDITURE	(See Categories listed at the top		Staff gifts		
X Political	Gift/Awards/Memorial	s ⊨xpense			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin.	TX, officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder		ffice sought	Office held	
expenditure to benefit C/OH					

						_	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve - Gift/Award	erage Expense s/Memorials Expense	ES FOR BOX Loan Repayment/R Office Overhead/Re Polling Expense Printing Expense Salaries/Wages/Co	eimbursement S ental Expense T T T	olicitation/Fundraising E ransportation Equipmer ravel in District ravel Out of District ITHER (enter a categor	t & Related I	
	The Inst	ruction Guide explains ho	ow to complete	this form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 9/19 Rpt: 26/37	Stucky, Lynn D. (Th	ne Honorable)			00080276		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	er Paid		
	\$217.35	09/20/2024	10/22/20	24			
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Comfort Inns Lubbock		4927 Ma	rsha Sharp Fwy			
			Lubbock	, TX 79410			
8 PURPOSE OF	(a) Category (b) Description						
EXPENDITURE	(See Categories listed at the top of this schedule) Travel Out of District			Officeholder atte ry School	ending tour of To	exas Tec	h
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T		Check if Austin, TX	, officeholder living exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	r name Off	ice sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issue	er Paid		
	\$147.34	07/05/2024	07/19/20	024			
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
	Direct TV		PO Box 3	105249			
			Atlanta, (GA 30348			
PURPOSE OF	(a) Category		(b) Descri				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	-	Cable T\	/ for District offic	e in Denton		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T		Check if Austin, TX	, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	r name Off	ice sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge) Credit Card Issue	er Paid		
	\$147.34	09/04/2024	09/19/20	124			
PAYEE	(a) Payee name	1	(b) Payee	address;	City,	State,	Zip Code
			PO Box 3	105249			
	Direct TV						
			Atlanta, (GA 30348			
PURPOSE OF	(a) Category	of this cohodule)	(b) Descri				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Cable T\	/ for District offic	e in Denton		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	I	Check if Austin, TX	, officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder		ice sought		Office held		
expenditure to benefit C/OH							

				SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve / - Gift/Award d Committee Legal Serv	rage Expense s/Memorials Expense ices	RES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F4:	·			3 Filer ID (Ethics Commission Filers)
				,
Sch: 10/19 Rpt: 27/37	Stucky, Lynn D. (Th	-		00080276
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREL CARD	\$
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid
	\$54.82	12/17/2024		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Minol UCA		15280 Addison Road	
	Minol-USA		Ste 100	
			Addison, TX 75001	
8 PURPOSE OF	(a) Category	of this schodule)	(b) Description	
	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Utilities for Officeholder's apartment in Austin	
X Political		•		
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T.		T. X Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held
expenditure to benefit C/OH		-		
PAYMENT	(a) Amount Charged \$62.40	(b) Date of Charge 10/14/2024	(c) Date(s) Credit Card Iss 11/21/2024	uer Paid
PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code
			15280 Addison Road	
	Minol-USA		Ste 100	
			Addison, TX 75001	
PURPOSE OF	(a) Category		(b) Description	
	(See Categories listed at the top Office Overhead/Rent		Utilities for Officeholder's apartment in Austin	
X Political				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. X Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid
	\$66.02	09/16/2024	10/22/2024	
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Minol-USA		15280 Addison Road	
			Ste 100	
			Addison, TX 75001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	
	Office Overhead/Rent		Utilities for Officeholder	s apariment in Auslin
X Political				
Non-Political		of Texas. Complete Schedule		TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office held

				SCHEDULE F4
	EXPE	NDITURE CATEGOR	RIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By	/ - Gift/Awards	ense rage Expense s/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
Candidate/Officeholder/Politica	al Committee Legal Serv	ices		OTHER (enter a category not listed above)
	I	ruction Guide explains h	now to complete this form.	
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)
Sch: 11/19 Rpt: 28/37	Stucky, Lynn D. (Th	-	5 TOTAL OF UNITEMIZED	00080276
4 CREDIT CARD ISSUER		Name of financial institution		s
	see pi	revious	CHARGED TO A CREDI CARD	T
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid
	\$78.00	08/14/2024	09/19/2024	
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Minol-USA		15280 Addison Road	
			Ste 100	
			Addison, TX 75001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Utilities for Officeholder's	a partment in Austin
	Office Overhead/Rent			apartment in Austin
X Political				
Non-Political		of Texas. Complete Schedule		X, officeholder living expense Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office field
	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid
			10/22/2024	
	\$100.00	09/19/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Danah Lland Daasu	-	8827 US-377	
	Ranch Hand Rescu	le		
			Argyle, TX 76226	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	4 :
	Contributions/Donatio	ns Made By	Campaign charitable dor	lation
X Political	Candidate/Officeholde	er/Political Committe	e	
Non-Political		of Texas. Complete Schedule		X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office held
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid
	.,	()	10/22/2024	
	\$100.00	09/19/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	United Way of Dent	on County	1314 Teasley Lane	
		on County		
			Denton, TX 76205	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Campaign charitable dor	ation
X Political	Contributions/Donatio	ns Made By		
	Candidate/Officehold			
Non-Political		of Texas. Complete Schedule		X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name O	ffice sought	Office held
	1			

			D	SCHEDULE F4
		ENDITURE CATEGORI		
Advertising Expense Accounting/Banking	Event Exp Fees		Office Overhead/Rental Expense T	Colicitation/Fundraising Expense ransportation Equipment & Related Expense
Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	s/Memorials Expense	Printing Expense T	ravel in District ravel Out of District)THER (enter a category not listed above)
	Ũ		ow to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 12/19 Rpt: 29/37	Stucky, Lynn D. (Th	ne Honorable)		00080276
4 CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED	
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDIT CARD	「 \$
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	Paid
	\$17.32	08/05/2024	08/20/2024	
	+==			
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code
	Office Depot		2300 San Jacinto Blvd	
	Office Depot			
8 PURPOSE OF	(a) Category		Denton, TX 76205 (b) Description	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		Office supplies for Distric	t office in Denton
X Political	Office Overhead/Ren	tal Expense		
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			, officeholder living expense
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		fice sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 10/22/2024	er Paid
	\$29.16	10/04/2024	10/22/2024	
PAYEE			(b) Dovice addressy	City State Zin Code
	(a) Payee name		(b) Payee address; 2850 W University Dr	City, State, Zip Code
	Sam's Club			
			Denton, TX 76201	
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description	
	Office Overhead/Ren		Supplies for District office	e in Denton
X Political				
Complete <u>ONLY</u> if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	fice sought	c, officeholder living expense Office held
expenditure to benefit C/OH			lies sought	
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid
	\$65.33	08/06/2024	08/20/2024	
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Spectrum		PO Box 60074	
			City of Industry, CA 9171	6-0074
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren			ses for Officeholder's apartment in
X Political		iai Expense	Austin	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. X Check if Austin, TX	, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder	name Of	fice sought	Office held
expenditure to benefit C/OH				

	FXP	ENDITURE CATEGORIE	ES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Exp Fees Food/Beve - Gift/Award	ense L C rage Expense F s/Memorials Expense F	Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	i	ruction Guide explains ho	w to complete this form.	
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)
Sch: 13/19 Rpt: 30/37	Stucky, Lynn D. (Th		-	00080276
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRED CARD	\$
6 PAYMENT	(a) Amount Charged \$74.00	(b) Date of Charge 08/07/2024	(c) Date(s) Credit Card Iss 08/20/2024	uer Paid
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Saltgrass Steakhou	ISE	1516 Centre PI Dr	
			Denton, TX 76205	
8 PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top of this schedule) Food/Beverage Expense		Payment for food for Of restaurant grand openir	ficeholder and staff to attend ng
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Off	ice sought	Office held
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid
	\$226.18	12/04/2024		
PAYEE	(a) Payee name Sam's Club		(b) Payee address; 2850 W University Dr	City, State, Zip Code
			Denton, TX 76201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description Storage shelves for can	npaign items and supplies
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	Check if Austin.	TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder		ice sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid
	\$348.19	12/03/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Sam's Club		2850 W University Dr	
			Denton, TX 76201	
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Food and supplies for C volunteers	Christmas dinner with staff and
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	Check if Austin.	TX, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder		ice sought	Office held
expenditure to benefit C/OH				

			D	SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve /- Gift/Award I Committee Legal Serv	orage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement S Office Overhead/Rental Expense T Polling Expense T Printing Expense T	Golicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District DTHER (enter a category not listed above)
1 Total pages Schedule F4:		•	•	3 Filer ID (Ethics Commission Filers)
Sch: 14/19 Rpt: 31/37	Stucky, Lynn D. (Th	e Honorable)		00080276
		ncial institution	5 TOTAL OF UNITEMIZED	
4 CREDIT CARD ISSUER		revious	EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged \$65.33	(b) Date of Charge 09/06/2024	(c) Date(s) Credit Card Issue 09/19/2024	er Paid
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code
			PO Box 60074	
	Spectrum			
			City of Industry, CA 9171	6-0074
8 PURPOSE OF	(a) Category		(b) Description	
	(See Categories listed at the top of this schedule) Office Overhead/Rental Expense			ses for Officeholder's apartment in
X Political			Austin	
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.		T. X Check if Austin, TX	, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged \$65.33	(b) Date of Charge 10/06/2024	(c) Date(s) Credit Card Issue 10/22/2024	er Paid
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Chootrum		PO Box 60074	
	Spectrum			
			City of Industry, CA 9171	6-0074
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Internet and cable expenses for Officeholder's apartment in	
	Office Overhead/Rent		Austin	
X Political				
Non-Political		of Texas. Complete Schedule		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Of	ffice sought	Office held
	(a) Amount Charged	(b) Date of Charge	(a) Data(a) Cradit Card Issue	or Doid
		()	(c) Date(s) Credit Card Issue 11/21/2024	
	\$65.33	11/06/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			PO Box 60074	
	Spectrum			
			City of Industry, CA 9171	6-0074
PURPOSE OF	(a) Category		(b) Description	
	(See Categories listed at the top Office Overhead/Rent			ses for Officeholder's apartment in
X Political			Austin	
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. X Check if Austin, TX	x, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder	name Of	ffice sought	Office held
expenditure to benefit C/OH				

			D	SCHEDULE F4		
		ENDITURE CATEGORI	.,			
Advertising Expense Accounting/Banking	Event Expe Fees		Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense		
Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Award	s/Memorials Expense	Printing Expense	Travel in District Travel Out of District OTHER (enter a category not listed above)		
	5		ow to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Sch: 15/19 Rpt: 32/37	Stucky, Lynn D. (Tł	ne Honorable)		00080276		
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED	1.		
ISSUER	see p	revious	EXPENDITURES CHARGED TO A CREDI	т \$		
			CARD			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu 07/19/2024	er Paid		
	\$34.65	07/01/2024	01113/2024			
7 PAYEE			(b) Payee address;	City, State, Zip Code		
	(a) Payee name		225 Varick Street	City, State, Zip Code		
	Squarespace					
			New York City, NY 1001	4		
8 PURPOSE OF	(a) Category		(b) Description			
	(See Categories listed at the top of this schedule) Advertising Expense		Monthly fee to maintain Campaign website			
X Political						
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T.			X, officeholder living expense Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Oi	fice sought	Once held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	\$34.65	07/28/2024	08/20/2024			
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Squarespace		225 Varick Street			
			New York City, NY 1001	4		
PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Monthly fee to maintain	Monthly fee to maintain Campaign website		
X Political						
Non-Political		of Texas. Complete Schedule		X, officeholder living expense		
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	fice sought	Office held		
expenditure to benefit C/OH PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid		
	\$37.80	11/28/2024	12/17/2024			
	Φ37.00	11/20/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
	Squarachaga		225 Varick Street			
	Squarespace					
PURPOSE OF	(a) Category		New York City, NY 1001 (b) Description	4		
EXPENDITURE	(See Categories listed at the top	of this schedule)	Monthly fee to maintain	Campaign website		
X Political	Advertising Expense					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T.	X, officeholder living expense		
Complete <u>ONLY</u> if direct	Candidate/Officeholder		fice sought	Office held		
expenditure to benefit C/OH						

EXPENDITORES MADE BY CREDIT CARD				SCHEDULE F4	
		ENDITURE CATEGORIE			
Advertising Expense Accounting/Banking	Event Expe	C	Office Overhead/Rental Expense Tr	blicitation/Fundraising Expense ansportation Equipment & Related Expense	
Consulting Expense Contributions/ Donations Made By	/- Gift/Award	s/Memorials Expense F	Printing Expense Tr	avel in District avel Out of District	
Candidate/Officeholder/Politica	0	ruction Guide explains ho	-	THER (enter a category not listed above)	
1 Total pages Schedule F4:	i			3 Filer ID (Ethics Commission Filers)	
Sch: 16/19 Rpt: 33/37	Stucky, Lynn D. (Th	ne Honorable)		00080276	
4 CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZED		
ISSUER		revious	EXPENDITURES	\$	
			CHARGED TO A CREDIT CARD		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
	\$37.80	12/28/2024			
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
	Squarespace		225 Varick Street		
8 PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		Monthly fee to maintain C	ampaign website	
X Political	Advertising Expense				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	Check if Austin TX	officeholder living expense	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder		ice sought	Office held	
expenditure to benefit C/OH			-		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
	\$12.97	09/10/2024	11/21/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
	Uber		1455 Market St		
			San Francisco, TX 94103		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top	of this schedule)	Transportation attending	meetings in Austin	
X Political	Travel Out of District				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	. Check if Austin, TX,	officeholder living expense	
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Off	ice sought	Office held	
expenditure to benefit C/OH					
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	
	\$350.00	09/10/2024	11/21/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code	
	University of North	Texas	1155 Union Cir		
			Denton, TX 76205		
PURPOSE OF	(a) Category		(b) Description		
EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Campaign charitable don	ation	
X Political	Candidate/Officehold		9		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T	Check if Austin, TX,	officeholder living expense	
Complete ONLY if direct	Candidate/Officeholder	name Off	ice sought	Office held	
expenditure to benefit C/OH					

				SCHEDULE F4
	EXPE	ENDITURE CATEGOR	RIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking	Event Expe Fees	ense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/ Donations Made By	Food/Beve	rage Expense s/Memorials Expense	Polling Expense	Travel in District Travel Out of District
Candidate/Officeholder/Politica				OTHER (enter a category not listed above)
	The Instr	ruction Guide explains h	now to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 17/19 Rpt: 34/37	Stucky, Lynn D. (Th	ne Honorable)		00080276
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED	
ISSUER	see pr	revious	EXPENDITURES	 \$
			CHARGED TO A CRED CARD	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	Jer Paid
	\$40.76	., .		
	\$40.76	12/05/2024		
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			2750 W University Dr	
	Walmart			
			Denton, TX 76201	
8 PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top		., .	hristmas dinner with staff and
X Political	Food/Beverage Exper	nse	volunteers	
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T.			N affachaldar bina ann an
	(c) Check if travel outside Candidate/Officeholder	•	Diffice sought	X, officeholder living expense Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Oniceriolder	name O	mice sought	Onice neta
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	ler Paid
	· · · · · ·			
	\$60.22	12/08/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
=			2750 W University Dr	
	Walmart			
			Denton, TX 76201	
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top	of this schedule)		hristmas dinner with staff and
X Political	Food/Beverage Exper	ise	volunteers	
Non-Political		of Tourse Operations Cale adula		N affachaldar bina ann an
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule	office sought	X, officeholder living expense Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Oniceriolder	name O	mice sought	Onice neta
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	uer Paid
		()	07/19/2024	
	\$77.39	07/08/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			PO Box 60074	
	Spectrum			
			City of Industry, CA 917	16-0074
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top		., .	nses for Officeholder's apartment in
X Political	Office Overhead/Rent	al Expense	Austin	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule		X, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder		office sought	Office held
expenditure to benefit C/OH	Sandiate/Oniocholder			
superioration to benefit 0/011				

			U	SCHEDULE F4
Advertising Evenence				Colicitation/Fundraising Funance
Advertising Expense Accounting/Banking Consulting Expense	Event Exp Fees Food/Beve		Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	s/Memorials Expense	Printing Expense	Travel Out of District OTHER (enter a category not listed above)
	The Inst	ruction Guide explains h	ow to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Sch: 18/19 Rpt: 35/37	Stucky, Lynn D. (Th			00080276
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES	s s
ISSOEIX	see p	revious	CHARGED TO A CRED	т Г
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	CARD (c) Date(s) Credit Card Issu	ler Paid
	\$34.65	08/28/2024	09/19/2024	
	ψ34.03	00/20/2024		
7 PAYEE	(a) Payee name	1	(b) Payee address;	City, State, Zip Code
	Squarespace		225 Varick Street	
	oquarespace			
8 PURPOSE OF	(a) Category		(b) Description	.4
EXPENDITURE	(See Categories listed at the top of this schedule)		Monthly fee to maintain	Campaign website
X Political	Advertising Expense			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.		T. Check if Austin, T	X, officeholder living expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu 10/22/2024	ier Paid
	\$37.80	09/28/2024		
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			225 Varick Street	
	Squarespace			
			New York City, NY 1001	.4
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Monthly fee to maintain	Campaign website
X Political	Advertising Expense			oanpagn vosono
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	ffice sought	Office held
expenditure to benefit C/OH				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu 11/21/2024	ier Paid
	\$37.80	10/28/2024	11/21/2024	
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Squarospaco		225 Varick Street	
	Squarespace			
PURPOSE OF	(a) Category		(b) Description	.4
EXPENDITURE	(See Categories listed at the top	of this schedule)	Monthly fee to maintain	Campaign website
X Political	Advertising Expense			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T	X, officeholder living expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder	name Of	ffice sought	Office held
expenditure to benefit C/OH				

EXPENDITORE				SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Event Expe Fees Food/Beve y - Gift/Awards al Committee Legal Serv	rage Expense s/Memorials Expense ices	Loan Repayment/Reimbursement S Office Overhead/Rental Expense T Polling Expense T Printing Expense T Salaries/Wages/Contract Labor C	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District DTHER (enter a category not listed above)
		ruction Guide explains f	how to complete this form.	
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)
Sch: 19/19 Rpt: 36/37	Stucky, Lynn D. (Th	ncial institution	5 TOTAL OF UNITEMIZED	00080276
4 CREDIT CARD ISSUER		revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged \$11.92	(b) Date of Charge 09/10/2024	(c) Date(s) Credit Card Issue 10/22/2024	er Paid
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
	Uber		1455 Market St	
			San Francisco, TX 94103	3
8 PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Transportation attending	meetings in Austin
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX	, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought	Office held
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid
	\$37.19	12/06/2024		
PAYEE	(a) Payee name Sam's Club		(b) Payee address; 2850 W University Dr	City, State, Zip Code
			Denton, TX 76201	
PURPOSE OF	(a) Category		(b) Description	
EXPENDITURE	(See Categories listed at the top Food/Beverage Exper		Food and supplies for Ch volunteers	rristmas dinner for staff and
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, TX	, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name C	Office sought	Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instruction Guide explains how to complete this form.				ages Schedule K: /1 Rpt: 37/37	
2	FILER NAME				(Ethics Commission	Filers)
	Stucky, Lynr	n D. (The Honorable)		00080	276	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	12/08/2024	Home Depot				\$12.92
		6 Address of person from whom amount is received; City; State; Zip Code				
		Denton, TX 76205				
			olitic	al conti	ribution returned to filer	
		Credit for returned office supplies				
	Date	Name of person from whom amount is received			Amount (\$)	
	09/11/2024	North Texas Athletics				\$250.00
		Address of person from whom amount is received; City; State; Zip Code				
		Denton, TX 76201				
			olitic	al conti	ribution returned to filer	
		Refund of charitable donation				