JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to comp	plete this form.	Filer ID (Ethics Commission File 00062765	ers)	 Total pages fil 1 	ed: 2
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	· · · · · · · · · · · · · · · · · · ·	 JSE ONLY
OFFICEHOLDER	Ms.	Erin E.				
NAME	1115.	CIIII C.			Date Received	
					ELECTRONIC	ALLY FILED
					01/14/2025	
	NICKNAME	LAST		SUFFIX	01/14/2023	
		Lunceford				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE # CITY		ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER	3607 Merrick St.					
MAILING	3007 Metrick St.				Receipt #	Amount
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77025					
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER						
NAME	Mr.	Frank				
	NICKNAME	LAST			SUFFIX	
	NICKNAME				JUFFIX	
		Harmon				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):	APT / SUI	ITE #; CITY;	STA	TE; ZIP CODE
TREASURER	3607 Merrick St.					,
ADDRESS	SOUT METTICK St.					
(Residence or Business)						
	Houston, TX 77025					
7 CAMPAIGN	AREA CODE PHON	E NUMBER EX	TENSION			
TREASURER			LINGION			
PHONE	(713) 752-8608					
8 REPORT						
TYPE	X January 15	30th day before el	ection Runoff	f	15th day after car	
					appointment (offic	ceholder only)
	July 15	8th day before ele		ded modified	Final Report (Atta	ich C/OH-FR)
		_	reporti	ng limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	тир	JUGH	12/31/2024		
	07/01/2024		J00H	12/31/2024	4	
10 ELECTION	ELECTION DATE		ELE	ECTION TYPE		
	Month Day Year	Prim	ary 🗌	Runoff	Other	
	11/08/2022					
		X Gen	eral	Special		
11 OFFICE		I	10 0		(if known)	
	OFFICE HELD (if any)	lorrio		OFFICE SOUGHT		
	District Judge District 61 H	arris		District Judge Dis	SUICT 188	
	1		I			
		GO TO	PAGE 2			
Forms provided by Te	exas Ethics Commission	www.ethic	s.state.tx.us		Versio	on V4.1.0.5dd2ace

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 12

T

13 C / OH NAME	Lunceford, Erin E. (M	ls.)	14 Filer ID 00062765	(Ethics Commiss	sion Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	FROM candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholders are required to report this information only if they receive</i>								
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS						
16 CONTRIBUTION TOTALS									
		ICAL CONTRIBUTIONS		\$	12,975.00				
		PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	IS)						
TOTALS			\$	0.00					
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	12,446.15				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	886.97				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIE OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00				
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.							
		Ms.	Erin E. Lunceford						
		Signature o	f Candidate or Officeho	older					
AFFIX NC)TARY STAMP / SEAL AB	OVE							
Sworn to and subs	cribed before me, by the s	aid	, this the	da	ay				
		ertify which, witness my hand and seal of office.							
Signature of off	icer administering oath	Printed name of officer administering oath	Title of office	er administering o	bath				
Forms provided by Te	exas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0).5dd2ace2				

FORM JC/OH SUBTOTALS - JC/OH **COVER SHEET PG 3** 3 of 12 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00062765 Lunceford, Erin E. (Ms.) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) 1. \$ 12,975.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ З. 4. SCHEDULE E(J): LOANS (JUDICIAL) \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 12,446.15 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete thi	1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 4/12	
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Lunceford, Erin E. (Ms.)		00062765
4 Date 5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of Contribution (\$)
08/21/2024 Cameron, Drake		\$50.00
6 Contributor address; City; State; Zip Code		
Houston, TX 77070		
8 Contributor's Principal Occupation	9 Contributor's Job Title	
Retired	Retired	
10 Contributor's employer/law firm	11 Law firm of contributor's sp	bouse (if any)
Retired	None	
12 If contributor is a child, law firm of parent(s) (if any)		
	D#:)	Amount of Contribution (\$)
08/22/2024 Cox, Donna		\$100.00
Contributor address; City; State; Zip Code		
Spring, TX 77379		
Contributor's Principal Occupation	Contributor's Job Title	
Retired	Retired	
Contributor's employer/law firm	Law firm of contributor's sp	bouse (if any)
Retired	None	
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)
08/22/2024 Estis, William		\$250.00
Contributor address; City; State; Zip Code		
Houston, TX 77018		
Contributor's Principal Occupation	Contributor's Job Title	
Retired	Retired	
Contributor's employer/law firm	Law firm of contributor's sp	bouse (if any)
Retired	None	
If contributor is a child, law firm of parent(s) (if any)		
Forms provided by Texas Ethics Commission www.et	hics.state.tx.us	Version V4.1.0.5dd2ace2

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 5/12	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Lunceford, E	irin E. (Ms.)	00062765	
4 Date	5 Full name of contributor 🔲 out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)
08/21/2024	Flores, Susan		\$50.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77064		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Retired		Retired	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)
Retired		None	
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)
10/22/2024	Head, Vim	/	\$5,000.00
10/22/2021	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Katy TX 77402		
	Katy, TX 77493		
	Principal Occupation	Contributor's Job Title	
CEO		CEO	
	employer/law firm	Law firm of contributor's sp	bouse (if any)
Spars Surgio		None	
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
08/22/2024	Kitson, Carol		\$500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77027		
Contributor's F	Principal Occupation	Contributor's Job Title	
Retired		Retired	
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)
Retired		None	
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethi	cs state tx us	Version V4 1 0 5dd2ace2

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 3/3 Rpt: 6/12		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Lunceford, E	rin E. (Ms.)	00062765		
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
10/21/2024	Rydin, Michael		\$5,000.00	
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77081			
8 Contributor's F Retired	Principal Occupation	9 Contributor's Job Title Retired		
	malovor/low firm			
10 Contributor's e Retired	mpioyen/aw inm	11 Law firm of contributor's sp None	Jouse (II any)	
	s a child, law firm of parent(s) (if any)	None		
	ים סווות, ומשיוווווי סו אמוכווננס) (וו מוש)			
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
08/20/2024	Full name of contributor out-of-state PAC (ID#: Salstrom, Sandra)	\$25.00	
00/20/2021	Contributor address; City; State; Zip Code			
	Houston, TX 77069			
Contributor's F	Principal Occupation	Contributor's Job Title		
Retired		Retired		
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)	
Retired		None		
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/22/2024	Sprinceana, Dragos (Mr.)		\$2,000.00	
	Contributor address; City; State; Zip Code			
	Boca Raton, FL 33496			
	Principal Occupation	Contributor's Job Title		
President	employer/law firm	President		
Gulf Coast C		Law firm of contributor's sp None	Jouse (ii any)	
	s a child, law firm of parent(s) (if any)	None		
Forme provided	hy Texas Ethics Commission www.ethic	s state tx us	Version V4 1 0 5dd2ace2	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

4	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment Total pages Schedule F1: Sch: 1/6 Rpt: 7/12 Date 11/08/2024 Amount (\$) \$12,000.00	ICommittee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 00062765 00062765 5 Payee name Andy Taylor & Associates, PC 00062765 7 Payee address; City; State; Zip Code 2628 Hwy. 36 South #288 #288 State; Zip Code
8	PURPOSE OF EXPENDITURE	Brenham, TX 77833 (a) Category (See Categories listed at the top of this schedule) Legal Services (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Prosecution of Election Challenge Appeal
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/22/2024	Cloudcannon
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 981 Mission St. San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/22/2024	Cloudcannon
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 981 Mission St.
		San Francisco, CA 94103
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held

		EXPENDITURE CATEGORIES FOR	R BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex Git/Awards/Memorials Expense Printing Ex	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: 2/6 Rpt: 8/12	Lunceford, Erin E. (Ms.)		00062765			
4	Date 09/23/2024	Payee name Cloudcannon					
6	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$10.00	981 Mission St. San Francisco, CA 94103					
8	PURPOSE		(b) Description				
0	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Website					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sou	ght	Office held			
	Date	Payee name					
	10/22/2024	Cloudcannon					
	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$10.00	981 Mission St. San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		utside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sou	ght	Office held			
	Date	Payee name					
	11/22/2024	Cloudcannon					
	Amount (\$) \$10.00	Payee address; City; State; Zip Co 981 Mission St.	de				
		San Francisco, CA 94103					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		utside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sou	ght	Office held			

			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 Exper Gift/Awards/Memorials mittee Legal Services The Instruction G	s Expense	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2	FILER NAME			-	3	Filer ID	(Ethics Commission Filers)
	Sch: 3/6 Rpt: 9/12		Lunceford, Erin E. (Ms.)					00062765	``````````````````````````````````````
4	Date		Payee name						
	12/23/2024		Cloudcannon						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de			
	\$10.00		981 Mission St.						
			San Francisco, CA 94103						
8	PURPOSE	(a)	Category (See Categories listed at	the ten of this coh	odulo)	(b) Description			
-	OF		Advertising Expense	the top of this sch	iedule)		outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE						I, TX,	, officeholder living	g expense
						Website			
_									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office he	eld
	Date		Payee name						
	07/08/2024		Google Storage Internet						
	Amount (\$)		Payee address; City;	State;	; Zip Coo	de			
	\$2.12		1600 Amphitheatre Pkwy						
			Mountain View, CA 94043						
	PURPOSE OF	(a)	Category (See Categories listed at	the top of this sch	edule)	(b) Description			
	EXPENDITURE		Advertising Expense					ide of Texas. Com , officeholder living	
						Website	I, IA,	, onicendider hving	Jexpense
						Webelle			
	Complete ONLY if direct	L C	andidate/Officeholder name		Dffice soug	ght		Office he	eld
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	08/06/2024		Google Storage Internet						
	Amount (\$)		Payee address; City;	State:	; Zip Coo	de			
	\$2.12		1600 Amphitheatre Pkwy						
			Mountain View, CA 94043						
	PURPOSE OF		Category (See Categories listed at	the top of this sch	iedule)	(b) Description			
	EXPENDITURE		Advertising Expense					ide of Texas. Com , officeholder living	
						Website	, , , ,	, onicendider nyling	j openac
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	ght		Office he	eld

				EXPENDITURI	E CATEGO	RIES FOF	R BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	y - al Co	mmittee	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials I Legal Services	es Office Overhead/Rental Expense pd/Beverage Expense Polling Expense //Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 4/6 Rpt: 10/12		Lunceford,	Erin E. (Ms.)					00062765		
4	Date	5	Payee name					<u> </u>			
	09/06/2024		-	orage Internet							
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	ode				
	\$2.12		1600 Ampl	hitheatre Pkwy		-					
	ļ										
			Mountain \	√iew, CA 94043							
8	PURPOSE	(a)	Category (See Categories listed at th	e top of this scł	hodule)	(b) Description				
			Advertising		e top of this sell	leuuie,		outsi	ide of Texas. Comp	lete Schedule T.	
	EXPENDITURE			•				ι, TX,	, officeholder living	expense	
							Website				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	ficeholder name	(Office sou	ght		Office he	ld	
	Date	Γ	Payee name	3							
	10/07/2024		Google Sto	orage Internet							
	Amount (\$)	\vdash	Payee addre	ess; City;	State	; Zip Co	de				
	\$2.12		1600 Ampł	hitheatre Pkwy							
				∕iew, CA 94043							
	PURPOSE OF EXPENDITURE	(a)) Category _{(S} Advertising	See Categories listed at th 3 Expense	e top of this sch	nedule)			ide of Texas. Comp , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name	(Office sou	ght		Office he	ld	
	Date	Γ	Payee name	 2							
	11/06/2024		,	orage Internet							
	Amount (\$)	┢	Payee addre	ess; City;	State	; Zip Co	de				
	\$2.12		1600 Ampł	hitheatre Pkwy							
			Mountain \	√iew, CA 94043		1					
	PURPOSE OF EXPENDITURE	(a)) Category _{(S} Advertising	See Categories listed at th 3 Expense	e top of this sch	nedule)			ide of Texas. Comp , officeholder living		
	Complete ONLY if direct		Candidate/Of	ficeholder name	(Office sou	ght		Office he	ld	
	expenditure to benefit C/OF	н									

				EVDENDITI							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memoria Legal Services	es Office Overhead/Rental Expense pd/Beverage Expense Polling Expense t/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 5/6 Rpt: 11/12			Erin E. (Ms.)					00062765		
4	Date	5	Payee name	;							
	12/06/2024		2	orage Internet							
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de				
	\$2.12		1600 Ampł	hitheatre Pkwy							
			Mountain \	/iew, CA 94043	3						
8	PURPOSE	(a)	Category (s	See Categories listed a	t the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Advertising		·	,	Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE		-	•				, TX,	officeholder living	expense	
							Website				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder name	C	Office sou	ght		Office he	ld	
	Date		Payee name	9							
	10/22/2024		Raise the M	Money, Inc.							
	Amount (\$)		Payee addre	ess; City;	State	Zip Co	he				
	\$245.25		P.O. Box 2	-	State,	, zip co					
	Φ243.25		P.U. DUX 2	0400							
			Little Rock	, AR 72221							
	PURPOSE	(a)	Category (S	See Categories listed a	t the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Fees						de of Texas. Com		
									officeholder living	expense	
							Credit Card D	Don	lation Fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Of	ficeholder name	C	Office sou	yht		Office he	eld	
-	Date	1	Davice real								
	Date		Payee name								
	08/22/2024		Raise the M	vioney, Inc.							
	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de				
	\$98.25		P.O. Box 2	6466							
			Little Rock	, AR 72221							
	PURPOSE	(a)	Category (S	See Categories listed a	t the top of this sch	edule)	(b) Description	_			
	OF EXPENDITURE		Fees						de of Texas. Com		
									officeholder living	expense	
							Credit Card D	Don	ation Fee		
	Complete ONLY if direct	. (Candidate/Of	ficeholder name	(Office sou	ght		Office he	eld	
	expenditure to benefit C/OF	H									
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Glft/Awards/Memorials Expense Printing Expense Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/6 Rpt: 12/12	Lunceford, Erin E. (Ms.) 00062765
4 Date	5 Payee name
08/22/2024	Raise the Money, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$24.53	P.O. Box 26466
	Little Rock, AR 72221
8 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.
	Credit card donation fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/21/2024	Raise the Money, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.70	P.O. Box 26466
	Little Rock, AR 72221
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card donation fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/21/2024	Raise the Money, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.70	P.O. Box 26466
	Little Rock, AR 72221
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Credit Card donation fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held