CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this	form. 1 Filer ID (Ethics Commission 00058435		2 Total pages filed: 25
3 CANDIDATE /	MS / MRS / MR FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable John			Date Received
				ELECTRONICALLY FILED
				07/15/2025
	NICKNAME LAST		SUFFIX	07/15/2025
	Lujan		III	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE	#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 14479			
ADDRESS				Receipt # Amount
Change of Address	San Antonio, TX 78214-0479			
				Date Processed
				Date Imaged
				Date imageu
5 CAMPAIGN	MS / MRS / MR FIRST		MI	
TREASURER	Mrs. Caroly	nn	1411	
NAME	Wils.	1111		
	AUCKNAME		CUETIV	
	NICKNAME LAST Waldie		SUFFIX	
	vvalule			
C CAMBAICNI	CTREET ADDRESS (NO DO DOV DI	EACE): ADT /	CLUTE # CITY	CTATE: 71D CODE
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PL	EASE); APT/	SUITE #; CITY;	STATE; ZIP CODE
ADDRESS	2984 South Loop 1604 West			
(Residence or Business)				
	San Antonio, TX 78264			
7 CAMPAIGN	AREA CODE PHONE NUME	BER EXTENSION		
TREASURER	(210) 771-3839			
PHONE	(===, = ====			
8 REPORT				
TYPE	January 15 30th o	day before election R	unoff	15th day after campaign treasurer
				appointment (officeholder only)
	X July 15 8th da	ay before election E>	ceeded modified porting limit	Final Report (Attach C/OH-FR)
A DEDIOD	Month Day Your		Manth Day	Vaca
9 PERIOD COVERED	Month Day Year 01/01/2025	THROUGH	Month Day 06/30/2025	Year -
	01/01/2025	THROUGH	00/30/2023)
10 ELECTION	ELECTION DATE		ELECTION TYPE	
LO ELECTION	Month Day Year	X Primary	Runoff	Other
	03/03/2026	<u>=</u>	브	
		General	Special	
11 OFFICE	OFFICE HELD (if any)	1	L2 OFFICE SOUGHT	
	State Representative District 118		State Representa	tive District 118
	•			
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 25

13 C / OH NAME	Lujan III, John (The F	onorable)	14 Filer ID (00058435	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expendit These expenditures may have been made without officeholders are required to report this informatic	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 12,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 783.51
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 41,025.94
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I RIOD	AST DAY OF THE	\$ 25,689.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.		
		The Ho	norable John Lujan III	
		Signature o	f Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of office.		
Signature of office	eer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	OVER SH	3 of 25
	ER NAM jan III, J	ME John (The Honorable)	19 Filer ID 00058435	(Ethics Com	mission Filers)
		E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	12,500.00
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 CONTRIBUTIONS	5	\$	41,025.94
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.	11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	IS		SCHEDULE A1	
	The Instru	ction Guide explains how to complete this for	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/25	=
2	FILER NAME Lujan III, Joh	n (The Honorable)	3	Filer ID (Ethics Commission Filers) 00058435		
4			7	Amount of Contribution (\$) \$1,000.00	,	
_	Duinning Langu	San Antonio, TX 78230	Fareleyer (Cool both water			_
8	Engineer	pation / Job title (See Instructions) 9	Employer (See Instructions Pape Dawson)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/27/2025 Erben & Yarbrough Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$500.00)
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		_
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: Grace, James Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$250.00)
		Bellaire, TX 77401				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: Jones, Neal Contributor address; City; State; Zip Code Austin, TX 78735			Amount of Contribution (\$) \$500.00	-
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		_
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: Moak Casey PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$) \$250.00	-
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
						_

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this	form.	1	ges Schedule A1: 2 Rpt: 5/25	
2	FILER NAME Lujan III, Jol	nn (The Honorable)		3 Filer ID 000584	(Ethics Commission 135	on Filers)
4	Date 06/27/2025	5 Full name of contributor out-of-state PAC (ID#: Texans for Lawsuit Reform PAC 6 Contributor address; City; State; Zip Code		7 Amount	of Contribution (\$)	\$5,000.00
		Austin , TX 78701				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 06/27/2025	Full name of contributor		Amount	of Contribution (\$)	\$5,000.00
_	Principal occu	Austin, TX 78768 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

		The instruction dulae explains now to complete	e uns ionn.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/20 Rpt: 6/25	Lujan III, John (The Honorable)	00058435
4	Date	5 Payee name	·
	05/14/2025	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$478.14	410 Terry Ave N,	
		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) [Description
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	[Check if Austin, TX, officeholder living expense
		!	Supplies for Capitol Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	06/25/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$363.48	410 Terry Ave N,	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) [Description
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	[Check if Austin, TX, officeholder living expense
			Supplies for Capitol Office
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Gree		
	Date	Payee name	
	06/27/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$140.71	410 Terry Ave N,	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) [Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	LXFLINDITORL	[Check if Austin, TX, officeholder living expense
		`	Supplies for Capitol Office
	2 1 2 2 2 2 2 2 2		200
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Superiorder to belieff 0/01	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/20 Rpt: 7/25	Lujan III, John (The Honorable) 00058435
4	Date	5 Payee name
	04/28/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$111.33	410 Terry Ave N,
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
		Cappines for Capital Cities
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/15/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.88	410 Terry Ave N,
		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· ·
H	Date	Power name
	04/28/2025	Payee name Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.14	410 Terry Ave N,
		Soottle NVA 00100
L		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
		1. F.
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/20 Rpt: 8/25	Lujan III, John (The Honorable)	00058435
4	Date	5 Payee name	<u>'</u>
	01/06/2025	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$41.39	410 Terry Ave N,	
		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	-		Check if Austin, TX, officeholder living expense Upplies for Capitol Office
			applies for Supilor Sinds
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	05/21/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.10	410 Terry Ave N,	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		<u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	Check if Austin, TX, officeholder living expense Upplies for Capitol Office
		30	applies for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	05/16/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$36.78	410 Terry Ave N,	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	ZAI ZABITORZ	<u> </u>	Check if Austin, TX, officeholder living expense Upplies for Capitol Office
		30	applies for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Silice Held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	plet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/20 Rpt: 9/25	Lujan III, John (The Honorable)		00058435
4	Date	5 Payee name		
	04/10/2025	Amazon		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$36.76	410 Terry Ave N,		
		Seattle, WA 98109		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	b) [Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Į	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			L	Supplies for Capitol Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O			
	Date	Payee name		
	05/22/2025	Amazon		
	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$29.12	410 Terry Ave N,		
	, -			
		Seattle, WA 98109		
	PURPOSE		b) г	Description
	OF	Office Overhead/Rental Expense	، , .]	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Ī	Check if Austin, TX, officeholder living expense
			,	Supplies for Capitol Office
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	nt	Office held
	Date	Payee name		
	04/28/2025	Amazon		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$20.56	410 Terry Ave N,		
		Seattle, WA 98109		
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	b) [Description Charlet travel outside of Tayree Complete Cabadule T
	EXPENDITURE	Office Overhead/Rental Expense	ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Ļ	Supplies for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	1		
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/20 Rpt: 10/25	Lujan III, John (The Honorable) 00058435
4	Date	5 Payee name
	05/22/2025	Austin Embroidery Co.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$327.50	1834 Ferguson Ln Suite 900
		Austin, TX 78754
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gift for Committee Chair
		Sit for Sommittee Shair
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	01/16/2025	Chick Fil A
	Amount (\$)	Payee address; City; State; Zip Code
	\$331.88	500 E Ben White Blvd, Building B
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food and Drinks for Meeting to Discuss Officeholder
		Issues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/04/2025	City of Austin Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.20	1901 W. William Cannon Drive, Suite 100
		Austin, TX 78745
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		X Check if Austin, TX, officeholder living expense
		Utility Expense for Officeholder Austin Housing
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica			Giff/Awards/Memorials Legal Services	Expense	Salaries/W		e /Contract Labor		OTHER (enter	a category not listed abov	e)
	Credit Card Payment			The Instruction G	uide explains h	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 6/20 Rpt: 11/25		Lujan III, Jol	nn (The Honora	ıble)					00058435		
4	Date	5	Payee name						<u> </u>			
	03/04/2025		City of Austi	n Utilities								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$112.32		1901 W. Wil	liam Cannon D								
			Austin, TX 7	8745								
8	PURPOSE	(a)		e Categories listed at t	h - 4 64bi b -		(b)	Description				
	OF	(",		e Categories listed at t nead/Rental Ex		eaule)	(~)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE				, , , ,			X Check if Austin,	, TX,	officeholder livir	ng expense	
								Utility Expens	se f	or Officeho	lder Austin Housi	ng
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	0	office sou	ght			Office h	neld	
	experialitate to beliefit C/Oi											
	Date		Payee name									
	04/01/2025		City of Austi	n Utilities								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$123.66		1901 W. Wil	liam Cannon D	rive, Suite 1	00						
			Austin, TX 7	8745								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Ex	pense			=			mplete Schedule T.	
								ш		officeholder livir	^{ig expense} Ider Austin Housi	na
								Ounty Expens	, ,	or Omocno	idei / ideiiii / idasi	119
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	office sou	aht			Office h	neld	
	expenditure to benefit C/OI						9					
_	Date		Payee name									
	05/02/2025		City of Austi	n Utilities								
	Amount (\$)		Payee addres		State:	Zip Co	de					
	\$88.96		•	liam Cannon D	•	•	uc					
	400.00		1001	nam Gamion B	iivo, oaito 1	00						
			Austin, TX 7	97 <i>1</i> 5								
	DUDDOCE	(0)					(h)	Description				
	PURPOSE OF	(a)		e Categories listed at t nead/Rental Ex		edule)	(n)	Description Check if travel of	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		Office Over	ieau/Rentai Ex	pense					officeholder livir		
								Utility Expens	se f	or Officeho	lder Austin Housi	ng
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	office sou	ght			Office h	neld	
L	expenditure to benefit C/OI											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations made by - Gitt/Awards/Memoriais Expense Printing Expense I raver Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above							
	Credit Card Payment		The Instruction Guide explains how to complete	e this form.			
1	Total pages Schedule F1:	2	FILER NAME	:	3	Filer ID	(Ethics Commission Filers)
	Sch: 7/20 Rpt: 12/25		Lujan III, John (The Honorable)			00058435	
4	Date	5	Payee name	L			
	06/02/2025		City of Austin Utilities				
6	Amount (\$)	7	Payee address; City; State; Zip Code				
٠	\$84.02	ľ	1901 W. William Cannon Drive, Suite 100				
	Ψ04.02		1301 W. William Gamon Brive, Galle 130				
			Austin TV 70745				
		L	Austin, TX 78745				
8	PURPOSE OF	(a)	c , (cor canagement and top or and constant)	Description			
	EXPENDITURE		Office Overhead/Rental Expense	X Check if Austin,			plete Schedule T.
							der Austin Housing
							3
9	Complete ONLY if direct		Candidate/Officeholder name Office sought			Office he	7ld
•	expenditure to benefit C/OI		Andread Johnson Hamb			011100111	, i
_	Data	_			_		
	Date		Payee name				
	03/26/2025	_	Clayton Spangler Photography				
	Amount (\$)		Payee address; City; State; Zip Code				
	\$549.00		235 Point Lick Drive				
			Charleston , WV 25306				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense	-			plete Schedule T.
			L			officeholder living	oh for Capitol Office
				riouse i anora		ic i notogia	on tor Capitor Office
	Complete ONLY if direct		Candidate/Officeholder name Office sought			Office he	7l4
	expenditure to benefit C/OI		randatte/Onlocholder name			Onice no	SIG.
	Data						
	Date		Payee name				
	01/13/2025		Constant Contact				
	Amount (\$)		Payee address; City; State; Zip Code				
	\$58.63		1601 Trapelo Road				
			Waltham, MA 02451				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) (b)	Description			
	EXPENDITURE		Advertising Expense	-			plete Schedule T.
			L	Check if Austin, Campaign Em		officeholder living	expense
				Campaign Em	ıuıı	Схрспос	
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sought			Office he	ald
	expenditure to benefit C/OI		Anadato Onice fouch name Office sought			Onice He	ли

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wag The Instruction Guide explains how to comp	es/Contract Labor OTHER (enter a category not listed above) plete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/20 Rpt: 13/25	Lujan III, John (The Honorable)	00058435
4	Date	5 Payee name	
	02/11/2025	Constant Contact	
6	Amount (\$)	7 Payee address; City; State; Zip Code	;
	\$58.63	1601 Trapelo Road	
		Waltham, MA 02451	
8	PURPOSE OF	, (************************************	Description
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Campaign Email Expense
			Campaign Email Expones
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/O		
	Date	Payee name	
	03/11/2025	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$58.63	1601 Trapelo Road	
		Waltham, MA 02451	
	PURPOSE OF	, , ,	Description
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Campaign Email Expense
			Campaign Email Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/O		
-	Date	Dayon nama	
	04/11/2025	Payee name Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	•
	\$58.63	1601 Trapelo Road	
		Waltham, MA 02451	
	PURPOSE OF	, , ,	Description
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Campaign Email Expense
			Сатрадт Етан Ехрепзе
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/O		onice neiu
_			
I			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comr Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		ense ages/Contract La		Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
	Sch: 9/20 Rpt: 14/25	Lujan III, J	ohn (The Honorab	ole)				00058435	
4	Date	5 Payee name							
	05/12/2025	Constant (
6	Amount (\$)	7 Payee addr	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State;	Zip Cod	le			
	\$58.63	1601 Trap	elo Road						
		\\\	NAA 02454						
_	DUDDOCE	Waltham,			1.	(h) -			
8	PURPOSE OF	(a) Category (Advertising	See Categories listed at the	e top of this sched	dule)	(b) Descripti		de of Texas. Com	nplete Schedule T.
	EXPENDITURE		y Exhelise					officeholder living	
						Campai	ign Emai	l Expense	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Of	ffice soug	ht		Office h	eld
	Date	Payee name	e						
	06/11/2025	Constant (Contact						
	Amount (\$)	Payee addr	-	State;	Zip Cod	le			
	\$62.90	1601 Trap	elo Road						
		Waltham,	MA 02451						
	PURPOSE OF		See Categories listed at the	e top of this sched	dule)	b) Descripti			
	EXPENDITURE	Advertisino	g Expense			<u> </u>		de of Texas. Com officeholder living	nplete Schedule T. g expense
								l Expense	
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Of	ffice soug	ht		Office h	eld
H	Date	Payee name	 e						
	01/09/2025	HEB							
	Amount (\$)	Payee addr	ess; City;	State;	Zip Coo	le			
	\$172.79	20935 U.S	. Hwy 281 N						
		San Anton	io, TX 78258						
	PURPOSE	(a) Category (See Categories listed at the	e top of this sched	dule)	b) Descripti			
	OF EXPENDITURE	Office Ove	rhead/Rental Exp	ense				de of Texas. Com officeholder living	plete Schedule T.
								oiliceriolder living	y expense
	Complete ONLY if direct		ficeholder name	Of	ffice soug	ht		Office h	eld
	expenditure to benefit C/OI	1							

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/20 Rpt: 15/25	Lujan III, John (The Honorable) 00058435
4	Date	5 Payee name
	02/21/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$154.53	20935 U.S. Hwy 281 N
		San Antonio, TX 78258
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
		Саррностол Сарист Стос
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davido namo
	02/04/2025	Payee name HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.49	20935 U.S. Hwy 281 N
		San Antonio, TX 78258
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
		34pinos 131 34pinos 3113
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Davies arms
	03/10/2025	Payee name HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$149.02	20935 U.S. Hwy 281 N
		San Antonio, TX 78258
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 11/20 Rpt: 16/25		(Ethics Commission Filers)
4	Date 03/21/2025	5 Payee name HEB	
6	Amount (\$) \$140.87	7 Payee address; City; State; Zip Code 20935 U.S. Hwy 281 N San Antonio, TX 78258	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Completing the Check if Austin, TX, officeholder living expenses and the Check if Austin, TX, officeholder living expenses.	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	d
	Date 04/22/2025	Payee name HEB	
	Amount (\$) \$116.60	Payee address; City; State; Zip Code 20935 U.S. Hwy 281 N San Antonio, TX 78258	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Completing the Check if Austin, TX, officeholder living expenses of the Check if Austin, TX, officeholder living expenses.	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	d
	Date 04/08/2025	Payee name HEB	
	Amount (\$) \$226.15		
L		San Antonio, TX 78258	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Comple Check if Austin, TX, officeholder living expenses of the complex of the com	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	d

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/20 Rpt: 17/25	Lujan III, John (The Honorable) 00058435
4	Date	5 Payee name
	05/12/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$143.39	20935 U.S. Hwy 281 N
		San Antonio, TX 78258
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
		Supplies for Capitor Office
_	Complete CNUV'S	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/27/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.56	20935 U.S. Hwy 281 N
		San Antonio, TX 78258
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
		Supplies for Supplies of Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Data	
	Date	Payee name
	03/06/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.11	20935 U.S. Hwy 281 N
		San Antonio, TX 78258
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
	Commission ONU Wife allows	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		•

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 13/20 Rpt: 18/25	Lujan III, John (The Honorable) 00058435	
4	Date	5 Payee name	
	02/12/2025	Innovation & Technology Caucus of the Texas Legislature	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	1108 Lavaca Street, Ste 110-701	
		Austin, TX 78701	
8	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	
		Officeholder Caucus Dues	
		Simosholasi Saasas Bass	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
F	Date	Payee name	=
	01/22/2025	Johnson, Kendall	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$500.00	PO Box 2910	
		Austin, TX 78768	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Campaign Contract Labor	
		Campaign Contract Labor	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
F	Date	Payee name	=
	04/28/2025	Johnson, Kendall	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$700.00	PO Box 2910	
		Austin, TX 78768	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Campaign Contract Labor	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	U	
\vdash			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/20 Rpt: 19/25	Lujan III, John (The Honorable) 00058435
4	Date	5 Payee name
	02/28/2025	Made by Meme
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$955.85	23855 Pleasanton Rd
		San Antonio, TX 78264
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Give Away Items
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit Gree	
	Date	Payee name
	01/13/2025	Mexican American Legislative Policy Council
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	1108 Lavaca St
		Suite 110-351
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Officeholder Membership Dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2025	Murphy Nasica & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,000.00	PO Box 1648
		Austin, TX 78767
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	LAI LIBITOIL	Check if Austin, TX, officeholder living expense
		Design and Placement of Digital Campaign Advertisements - Reported on Prior Sch F2
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form	n.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/20 Rpt: 20/25	Lujan III, John (The Honorable)	00058435
4	Date	5 Payee name	
	04/16/2025	Murphy Nasica & Associates	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7,500.00	PO Box 1648	
		Austin, TX 78767	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
	OF EXPENDITURE	Consulting Expense	f travel outside of Texas. Complete Schedule T.
		1 U	f Austin, TX, officeholder living expense gn Consulting Fee - Reported on Prior Sch
			tial Payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	06/12/2025	Noor 3 LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,100.00	3715 Las Casitas	
	, ,		
		San Antonio, TX 78261	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overhead/Nerital Expense	f travel outside of Texas. Complete Schedule T. f Austin, TX, officeholder living expense
		,	gn Office Rental Expense
		Campang	, oo toapooo
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	н	
	Date	Payee name	
	02/07/2025	Spectrum	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$72.85	400 Washington Blvd.	
		Stamford, CT 06902	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	T Office Overhead/Nertial Expense	f travel outside of Texas. Complete Schedule T.
			f Austin, TX, officeholder living expense Expense for Officeholder Austin Housing
			Expense for embendad, stability reading
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl		/ages	s/Contract Labor	Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Cabadula F1:	12					Filor ID	(Ethics Commission Filers)
1	Total pages Schedule F1:					3		(Ethics Commission Filers)
	Sch: 16/20 Rpt: 21/25		Lujan III, John (The Honorable)				00058435	
4	Date	5	Payee name					
	03/07/2025		Spectrum					
6	Amount (\$)	7	Payee address; City; S	State; Zip Co	de			
	\$40.21		400 Washington Blvd.	•				
	, -		3					
			Stamford CT 06002					
			Stamford, CT 06902					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of the	is schedule)	(b)	Description		
	EXPENDITURE		Office Overhead/Rental Expense			_	side of Texas. Comp	
						\Box	X, officeholder living	older Austin Housing
						internet Expens	SC IOI OIIICEIII	older Austill Flousing
Ļ	0 1. 0	L	111.105	0.00			- · ·	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		andidate/Officeholder name	Office sou	ght		Office he	ela
L								
	Date		Payee name					
	04/07/2025		Spectrum					
	Amount (\$)	T	Payee address; City; S	State; Zip Co	de			
	\$40.21	ı	400 Washington Blvd.	•				
	,		3					
			Stamford CT 06002					
		_	Stamford, CT 06902					
	PURPOSE OF	(a)	Category (See Categories listed at the top of the	is schedule)	(b)	Description		
	EXPENDITURE		Office Overhead/Rental Expense			Check if travel out:	side of Texas. Comp	
						ш		older Austin Housing
						torriot Experis	JO TOT OTHER	older Adelli Flodellig
\vdash	Complete ONLY if direct	<u>_</u>	Candidate/Officeholder same	Office serv	abt		Office he	ald.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	yrıl		Office he	au
	Date		Payee name					
	05/07/2025		Spectrum					
	Amount (\$)		Payee address; City; S	State; Zip Co	de			
	\$40.21		400 Washington Blvd.					
			Stamford, CT 06902					
\vdash	PURPOSE	(2)		<u> </u>	(h)	Description		
	OF	^(a)	Category (See Categories listed at the top of the Office Overhead/Pontal Expanse	is schedule)	(1)	Description Check if travel out:	side of Texas. Comp	olete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense			ш	X, officeholder living	
						_		older Austin Housing
						•		
-	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght		Office he	eld
	expenditure to benefit C/O				J			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/20 Rpt: 22/25	Lujan III, John (The Honorable) 00058435
4	Date	5 Payee name
	06/09/2025	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.21	400 Washington Blvd.
		Stamford, CT 06902
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Internet Expense for Officeholder Austin Housing
		internet Expense is: Sincernet is a successful and in the successf
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/02/2025	Stafford, Matthew
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	PO Box 2910
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Contract Labor
		Sampaig. Communication
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/28/2025	Texas Conservative Coalition
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	PO Box 2659
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Officeholder Membership Dues
		Officeriolaet Wernbership Daes
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/20 Rpt: 23/25	Lujan III, John (The Honorable) 00058435
4	Date	5 Payee name
	03/04/2025	Texas House Republican Caucus
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 13305
	+=,	
		Austin, TX 78711
8	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
		Officeholder Membership Dues
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/13/2025	The District at SoCo
	Amount (\$)	Payee address; City; State; Zip Code
	\$253.95	501 E Oltorf St
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense Rental Expense for Officeholder Austin Housing
		Trontal Expense for Simosholder / tastin ribasing
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/13/2025	The District at SoCo
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,156.69	501 E Oltorf St
	+ 1,200.00	
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Rental Expense for Officeholder Austin Housing
		Nental Expense for Officerolder Austin Housing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Travel Out of District OTHER (enter a category not listed above)			
Ļ					uuue expiains	S HOW TO CO	шріє	ete uns form.					
1	Total pages Schedule F1:	2							3			(Ethics Commission Filers)	
	Sch: 19/20 Rpt: 24/25		-	hn (The Hone	orable)					0005843	5		
4	Date	5	Payee name										
L	03/11/2025	L	The District	at SoCo									
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de						
	\$2,402.50		501 E Oltor	f St									
			Austin, TX	78704									
8	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this so	chedule)	(b)	Description					
	OF EXPENDITURE			head/Rental I				=				lete Schedule T.	
								Check if Austin					
								keniai Exper	ise	ioi Office	1010	der Austin Housing	
<u>_</u>	Occupation Of the Community of the Commu	<u> </u>	S			O#:						-1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	!	Office sou	ght			Office	e nel	α	
L	•	_											
	Date		Payee name										
L	04/03/2025	L	The District	at SoCo									
	Amount (\$)		Payee addre	ss; City;	State	e; Zip Co	de						
	\$2,333.57		501 E Oltor	f St									
			Austin, TX	78704									
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this so	chedule)	(b)	Description					
	OF EXPENDITURE		Office Over	head/Rental I	Expense			ш				lete Schedule T.	
								X Check if Austin				expense der Austin Housing	
								rtental Expen	136	ioi Oilice	11011	uci Austin Housing	
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	aht			Office	hel	d	
	expenditure to benefit C/O		Januale, OIII	continue name	•	Jinoc 30u	9111			Office	, 1101	u	
H	Date	Г	Davige name										
	05/01/2025		Payee name The District	at SoCo									
	Amount (\$)		Payee addre		State	e; Zip Co	de						
	\$2,273.55		501 E Oltor	St									
			Austin, TX	78704									
	PURPOSE	(a)			at the top of this so	chedule)	(b)	Description					
	OF EXPENDITURE		Office Over	head/Rental I	Expense							lete Schedule T.	
								X Check if Austin				expense der Austin Housing	
								rtental Expen	136	ioi Onice	11011	uci Austin Housing	
	Complete ONLY if direct		Candidate/Offi	ceholder name	ı	Office sou	aht			Office	hel	d	
	expenditure to benefit C/O		Janaidale/OIII	contract flatfle	•	Jinec 300	Aiir			Office	, 1101	u .	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	٦	egal Services The Instruction Guide 6	explains how to co	Wages/Contract Labor complete this form.	omen (enter a category not	listed above)
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethics Co	ommission Filers)
	Sch: 20/20 Rpt: 25/25	Lujan III, Joh	n (The Honorable)			00058435	
4		5 Payee name					
	06/02/2025	The District a	at SoCo				
6	Amount (\$)	7 Payee address	s; City;	State; Zip C	ode		
	\$2,281.14	501 E Oltorf	St				
		Austin, TX 78	3704				
8	PURPOSE	(a) Category (See	Categories listed at the top	of this schedule)	(b) Description		
	OF EXPENDITURE		ead/Rental Expens			vel outside of Texas. Complete Schedu	le T.
	LAFENDITORE				_	stin, TX, officeholder living expense	
					Rental Exp	ense for Officeholder Aust	tin Housing
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Office	eholder name	Office so	ught	Office held	