CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains how to comple | te this form. | 1 Filer ID (Ethics Commi 00084939 | | 2 Total pages f | led: 75 |
|-------------------------------|------------------------------|------------------|---|-------------------|---------------------------------------|------------------------------------|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | OFFICE | USE ONLY |
| OFFICEHOLDER NAME | The Honorable | Shelley A. | | | Date Received | |
| | | | | | ELECTRONIC | ALLY FILED |
| | NICKNAME | LAST | | SUFFIX | 07/15/2025 | |
| | | Luther | | SUFFIX | 0171072020 | |
| | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX; APT / | SUITE#; CIT | Υ; | ZIP CODE | Date Hand-delivered | or Date Postmarked |
| MAILING | 587 White Mound Rd. | | | | Descript # | Ta |
| ADDRESS | | | | | Receipt # | Amount |
| Change of Address | Sherman, TX 75090 | | | | Date Processed | |
| | | | | | Date 1 1000000 | |
| | | | | | Date Imaged | |
| | | | | | | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | - | |
| TREASURER NAME | Mr. | Timothy A. | | | | |
| INAME | | | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | | Georgeff | | | | |
| | | - | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO E | BOX PLEASE); | AP' | T / SUITE #; CITY | ; ST. | ATE; ZIP CODE |
| TREASURER | 587 White Mound Rd. | ,, | | • | | , |
| ADDRESS | | | | | | |
| (Residence or Business) | Sherman, TX 75090 | | | | | |
| | Sherman, 17, 75050 | | | | | |
| | | | | | | |
| 7 CAMPAIGN | AREA CODE PHONE | NUMBER E | XTENSION | | | |
| TREASURER PHONE | (817) 291-8384 | | | | | |
| | | | | | | |
| 8 REPORT | | • | _ | _ | _ | |
| TYPE | January 15 | 30th day before | election | Runoff | 15th day after ca appointment (off | mpaign treasurer ceholder onlv) |
| | X July 15 | 8th day before 6 | election | Exceeded modified | Final Report (Att | |
| | |] , | Ш | reporting limit | _ ` ` | , |
| 9 PERIOD | Month Day Year | | | Month Day | Year | |
| COVERED | 01/01/2025 | TH | ROUGH | 06/30/202 | | |
| | | | | | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | X PI | rimary | Runoff | Other | |
| | 03/03/2026 | | eneral | Special | <u>—</u> | |
| | | | criciai | Оресна | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGH | F (if known) | |
| III OFFICE | State Representative Distri | ct 62 | | | tative District 62 | |
| | State Representative Distri | Ct 02 | | State Represent | tative District 62 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | GO T | O PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 75

| 13 C / OH NAME | Luther, Shelley A. (TI | ne Honorable) | | 14 Filer ID 00084939 | (Ethics Cor | nmission Filers) |
|---|----------------------------------|----------------------------------|--|---|--------------------------|--------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | These expenditures | s accepted or political expenditu may have been made without equired to report this information | the candidate's or office | eholder's kr | nowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAM | E | | | |
| , additional rages | GENERAL | | | | | |
| | LI GENERAL | COMMITTEE ADD | RESS | | | |
| | SPECIFIC | | | | | |
| | | | | | | |
| | | COMMITTEE CAM | PAIGN TREASURER NAME | | | |
| | | COMMITTEE CAM | IPAIGN TREASURER ADDRES | SS | | |
| | | | | | | |
| 16 CONTRIBUTION TOTALS | | | ONTRIBUTIONS (OTHER THA CONTRIBUTIONS MADE ELE | | | |
| TOTALS | OR GUARANTE | ES OF LOANS, OR | CONTRIBUTIONS MADE ELE | CTRONICALLT) | \$ | 0.00 |
| | | CAL CONTRIBUTION PLEDGES, LOANS, | NS OR GUARANTEES OF LOANS | 5) | \$ | 86,218.38 |
| EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS | | | | | \$ | 0.00 |
| | 4. TOTAL POLITIC | AL EXPENDITURE | S | | \$ | 39,148.62 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | | IS MAINTAINED AS OF THE L | AST DAY OF THE | \$ | 118,138.56 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | | LL OUTSTANDING LOANS AS | OF THE LAST DAY | \$ | 0.00 |
| 17 AFFIDAVIT | | | | | | |
| | | | I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code. | y of perjury, that the acc Il information required t | companyin o be report | រុ report is ed by me |
| | | | The Hone | roble Shellov A. Luth | or | |
| | | | | rable Shelley A. Luth Candidate or Officehol | | |
| | | | Signature of | Candidate of Officerior | iuei | |
| AFFIX NO | TARY STAMP / SEAL AB | OVE | | | | |
| | | | | , this the | | day |
| of | , 20, to co | ertify which, witness | my hand and seal of office. | | | |
| | | | | | | |
| Signature of offi | cer administering | Printed name | of officer administering | Title of office | r administe | ring oath |
| | | | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 18 FILER NA Luther, S | ME helley A. (The Honorable) | 19 Filer ID 00084939 | (Ethics Commission Filers) | | | | | |
|---------------------------------|--|-----------------------------|----------------------------|--|--|--|--|--|
| l | LE SUBTOTALS SCHEDULE | | SUBTOTAL AMOUNT | | | | | |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 86,218.38 | | | | | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | | | | | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | | | | | |
| 4. | \$ | | | | | | | |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | S | \$ 39,148.62 | | | | | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | | | | | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | | | | | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | | | | | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | | | | | |
| 10. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | | | | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | | | | | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER | RETURNED | \$ | | | | | |
| | | | | | | | | |

| | MONET | ARY POLITICAL CONT | RIBUTION | S | | SCHEDUL | E A1 |
|---|--------------------------------|--|--------------------|---|-----------------------------|---|-------------|
| | The Instru | ction Guide explains how to cor | mplete this for | n. | 1 | Total pages Schedule A1: Sch: 1/19 Rpt: 4/75 | |
| 2 | FILER NAME Luther, Shell | ey A. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00084939 | n Filers) |
| 4 | Date 06/30/2025 | Abusaad, Nazeh | of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$200.00 |
| 8 | Principal occu | Richardson, TX 75062 pation / Job title (See Instructions) | 9 | Employer (See Instructions |) () | | |
| _ | - Timoipai ooda | patient y cost title (eee metastiene) | | Employer (GGC morracione | , | | |
| | Date 06/30/2025 | Full name of contributor out-o Altman, Rob Contributor address; City; State; Zip 0 | |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | Frisco, TX 75033 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Retired U.S. Army | | | U.S. Army | | | |
| | Date 06/30/2025 | | | | Amount of Contribution (\$) | \$100.00 | |
| | | Denison, TX 75021 | | | | | |
| | Principal occu Commission | pation / Job title (See Instructions) er | | Employer (See Instructions Grayson County | 5) | | |
| | Date 06/27/2025 | Ashmore, Karen | of-state PAC (ID#: | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Construction | pation / Job title (See Instructions) | | Employer (See Instructions Ashmore Properties | 5) | | |
| | Date 06/30/2025 | Aulson, Katrina | of-state PAC (ID#: | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu retired | pation / Job title (See Instructions) | | Employer (See Instructions retired | i) | | |
| | | | , | | | | |

| | MONET | ARY POLITICAL CONT | S | | SCHEDUL | E A1 | |
|---|-----------------------------|--|-------------------|---|-----------------------------|---|------------|
| | The Instruc | ction Guide explains how to cor | mplete this forn | n. | 1 | Total pages Schedule A1: Sch: 2/19 Rpt: 5/75 | |
| 2 | FILER NAME Luther, Shell | ey A. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00084939 | on Filers) |
| 4 | Date 06/25/2025 | Full name of contributor out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o | f-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| 8 | Principal occu | Weatherford, TX 76087 pation / Job title (See Instructions) | 9 | Employer (See Instructions |) | | |
| | Retired | | | retired | | | |
| | Date 06/30/2025 | Bennett, Montgomery Contributor address; City; State; Zip 0 | f-state PAC (ID#: |) | | Amount of Contribution (\$) | \$2,000.00 |
| | Dringing con | Dallas, TX 75254 | | Employer (Coo Instructions | | | |
| | CEO/Chairm | pation / Job title (See Instructions) an | | Employer (See Instructions Ashford |) | | |
| | Date 06/29/2025 | Full name of contributor out-of-state PAC (ID#:) Bennie, Tony Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$200.00 | |
| | | Bells, TX 75414 | | | | | |
| | Principal occu Sheriff | pation / Job title (See Instructions) | | Employer (See Instructions Grayson County Sheriff' | | Office | |
| | Date 06/30/2025 | Bentley, Christin | f-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu retired | pation / Job title (See Instructions) | | Employer (See Instructions retired |) | | |
| | Date 06/27/2025 | Full name of contributor out-o Bowden, Mary Talley Contributor address; City; State; Zip C Bunker Hill Village, TX 77024 | f-state PAC (ID#: |) | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu MD | pation / Job title (See Instructions) | | Employer (See Instructions Self |) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL C | ONTRIBUTION | S | | SCHEDUL | E A1 |
|---|-----------------------------|---|--|---|----------|---|------------|
| | The Instruc | ction Guide explains how | to complete this form | n. | 1 | Total pages Schedule A1: Sch: 3/19 Rpt: 6/75 | |
| 2 | FILER NAME Luther, Shell | ey A. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00084939 | on Filers) |
| 4 | Date 06/29/2025 | 5 Full name of contributor [Brooks, Britton6 Contributor address; City; Sta | out-of-state PAC (ID#:te; Zip Code | | 7 | Amount of Contribution (\$) | \$200.00 |
| _ | Delicalizado a com | Sherman, TX 75092 | To To | Fundament (Construction | | | |
| 8 | Attorney | pation / Job title (See Instructions) | 9 | Employer (See Instructions Britton Brooks | 5) | | |
| | Date 06/24/2025 | Full name of contributor [Bruce, Robert Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code | | | Amount of Contribution (\$) | \$1,000.00 |
| | Drincinal occu | Boerne, TX 78006 pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Owner | pation / 300 title (3ee instructions) | | Boerne Stage Airfield | ') | | |
| | Date 06/30/2025 | Full name of contributor [Carroll, Don Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code | | | Amount of Contribution (\$) | \$1,000.00 |
| | <u> </u> | Port aransas, TX 78373 | | | | | |
| | retired | pation / Job title (See Instructions) | | Employer (See Instructions retired | 5) | | |
| | Date 06/24/2025 | Full name of contributor Carter, Jeffrey Contributor address; City; Sta Streetman, TX 75859 | |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 06/30/2025 | Full name of contributor [Chalaki, Shahed Contributor address; City; Sta | out-of-state PAC (ID#: te; Zip Code | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | | | 1 | | | | |

| | MONEI | ARY POLITICAL (| CONTRIBUTIO | N | S | | SCHEDUI | LE A1 |
|------|---------------------------|--|------------------------|---------------------|------------------------------------|----------|---|------------|
| | The Instruc | ction Guide explains hov | to complete this fo | orn | n. | 1 | Total pages Schedule A1: Sch: 4/19 Rpt: 7/75 | |
| 2 | FILER NAME | lov A (The Henerable) | | | | 3 | Filer ID (Ethics Commission | on Filers) |
| _ | | ley A. (The Honorable) | | | | L | 00084939 | |
| 4 | Date 06/30/2025 | 5 Full name of contributorChambers, Ruth6 Contributor address; City; S | out-of-state PAC (ID#: | | | / | Amount of Contribution (\$) | \$1,000.00 |
| | | Bulverde, TX 78163 | | | | | | |
| 8 | Principal occu retired | pation / Job title (See Instructions | s) | | Employer (See Instructions retired |) | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | |
| | 06/23/2025 | Cheshire, Cary | | | | | | \$50.00 |
| | | Contributor address; City; S | tate; Zip Code | | | | | |
| | | Beenbrook, TX 76116 | | | | | | |
| | | pation / Job title (See Instructions | 5) | | Employer (See Instructions | 5) | | |
| | · ' | | | Cheshire Industries | | | | |
| Date | | Full name of contributor | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | |
| | 06/27/2025 | Click, Kayla | | | | | | \$100.00 |
| | | Contributor address; City; S Sherman, TX 75090 | tate; Zip Code | | | | | |
| | Principal occu | pation / Job title (See Instructions | s) | | Employer (See Instructions | <u> </u> | | |
| | Realtor | | , | | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | |
| | 06/29/2025 | Conway, Michael Contributor address; City; S | | | | | | \$250.00 |
| | | Aubrey, TX 76227 | | | | | | |
| | Principal occu | pation / Job title (See Instructions | 5) | | Employer (See Instructions | <u> </u> | | |
| | Sales | | | | Fearless Construction | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | |
| | 06/30/2025 | Cox, Jeremy | _ | | | | | \$100.00 |
| | | Contributor address; City; S | tate; Zip Code | | | | | |
| | | Sherman, TX 75092 | | | | | | |
| | Principal occu | pation / Job title (See Instructions | 5) | | Employer (See Instructions | () | | |
| | Law enforce | ment | | | Government | | | |
| | | | | | | | | |

| | MONET | ARY POLITICAL (| NS | | SCHEDU | LE A1 | |
|---|--------------------------------|--|--------------------------------------|---|--------|---|------------|
| | The Instruc | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 5/19 Rpt: 8/75 | |
| 2 | FILER NAME Luther, Shell | ley A. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00084939 | on Filers) |
| 4 | Date 06/28/2025 | 5 Full name of contributor Crawley, Robert6 Contributor address; City; St | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$500.00 |
| 8 | Principal occu | Denison, TX 75021 pation / Job title (See Instructions | s) 9 | Employer (See Instruction | s) | | |
| | Banker | | | First United Bank | | | |
| | Date 06/30/2025 | Full name of contributor Crisp, Cullen Contributor address; City; Si | |) | | Amount of Contribution (\$) | \$500.00 |
| | | Granbury, TX 76049 | | | Ļ | | |
| | Principal occu Farmer | pation / Job title (See Instructions | s) | Employer (See Instruction Fall Creek | s) | | |
| | Date 06/27/2025 | Full name of contributor Cutler, Todd Contributor address; City; St | out-of-state PAC (ID#:tate; Zip Code | | | Amount of Contribution (\$) | \$1,000.00 |
| | | Savoy, TX 75479 | | | | | |
| | Principal occu Physician, C | pation / Job title (See Instructions EO | (3) | Employer (See Instruction Sherman Medical Cent | | | |
| | Date 06/27/2025 | Full name of contributor David, Raymond Contributor address; City; Si | | | | Amount of Contribution (\$) | \$350.00 |
| | Principal occu Banker | pation / Job title (See Instructions | 5) | Employer (See Instruction PointBank | s) | | |
| | Date 06/27/2025 | Full name of contributor DeVine, Gaylyn Contributor address; City; Si Pearland, TX 77581-7517 | • | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Owner | pation / Job title (See Instructions | (3) | Employer (See Instruction DeVine Promotions | s) | | |
| | | | , | | | | |

| | MONEI | HETARY POLITICAL CONTRIBUTIONS | | | | SCHEDU | LE A1 |
|---|---|---|---|-------------------------------------|--------------|---|--------------|
| | The Instruc | ction Guide explains how | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 6/19 Rpt: 9/75 | |
| 2 | FILER NAME Luther, Shell | ley A. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00084939 | ion Filers) |
| 4 | Date 06/30/2025 | 5 Full name of contributorDeason, Darwin6 Contributor address; City; S | out-of-state PAC (ID#: | |) 7 | Amount of Contribution (\$) | \$4,000.00 |
| 8 | Principal occu Chairman | Dallas, TX 75219 pation / Job title (See Instructions | s) | 9 Employer (See I Deason Capita | | | |
| | Date 06/30/2025 | Full name of contributor Deason, Douglas Contributor address; City; S | out-of-state PAC (ID#:_ tate; Zip Code | |) | Amount of Contribution (\$) | \$2,000.00 |
| | Principal occu Investor | Dallas, TX 75229 pation / Job title (See Instructions | s) | Employer (See I | nstructions) | | |
| | Date 06/27/2025 | Full name of contributor out-of-state PAC (ID#:) Eisenmann, Mark Contributor address; City; State; Zip Code | | |) | Amount of Contribution (\$) | \$100.00 |
| | | Frisco, TX 75034 | , | | | | |
| | retired | pation / Job title (See Instructions | 5) | Employer (See I retired | nstructions) | | |
| | Date Full name of contributor out-of-state PAC (ID# 06/29/2025 Ellis, David Contributor address; City; State; Zip Code Tom Bean, TX 75489 | | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu machinist | pation / Job title (See Instructions | 5) | Employer (See I Ellis Tool and I | | | |
| | Date 06/27/2025 | Full name of contributor Essin, Martha Contributor address; City; S Sherman, TX 75092 | out-of-state PAC (ID#:_ | |) | Amount of Contribution (\$) | \$20.00 |
| | Principal occu retired | pation / Job title (See Instructions | s) | Employer (See I retired | nstructions) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONT | S | | SCHEDUI | E A1 | |
|---|-----------------------------|---|--------------------|---|---------|--|------------|
| | The Instruc | ction Guide explains how to cor | mplete this forr | n. | 1 | Total pages Schedule A1: Sch: 7/19 Rpt: 10/75 | |
| 2 | FILER NAME Luther, Shell | ey A. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00084939 | on Filers) |
| 4 | Date 06/30/2025 | Fite, Ralph 6 Contributor address; City; State; Zip (| of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$250.00 |
| 8 | Principal occur SVP Finance | Houston, TX 77042 pation / Job title (See Instructions) | 9 | Employer (See Instructions Welcome Group, LLC |) | | |
| | Date 06/30/2025 | Full name of contributor out-on Gonzales, Sara Contributor address; City; State; Zip of Contributor | of-state PAC (ID#: | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | Carrollton, TX 75010 cation / Job title (See Instructions) | | Employer (See Instructions Self |) | | |
| | Date 06/28/2025 | Full name of contributor out-o Goolsby, Robert Contributor address; City; State; Zip 0 | of-state PAC (ID#: | | | Amount of Contribution (\$) | \$200.00 |
| | Principal occu | Melissa, TX 75454 pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 06/24/2025 | Gore, Rex | of-state PAC (ID#: | | | Amount of Contribution (\$) | \$2,000.00 |
| | | pation / Job title (See Instructions) oard Member | | Employer (See Instructions CleanScapes |) | | |
| | Date 06/27/2025 | Gove, Deborah | of-state PAC (ID#: | | | Amount of Contribution (\$) | \$30.00 |
| | Principal occu retired | pation / Job title (See Instructions) | | Employer (See Instructions retired |) | | |
| | | | | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTION | NS | | SCHEDUL | E A1 |
|---|--------------------------------|---|---|---|----------------|---|------------|
| | The Instru | ction Guide explains how | to complete this for | m. | | al pages Schedule A1: 1: 8/19 Rpt: 11/75 | |
| 2 | FILER NAME Luther, Shell | ley A. (The Honorable) | | | | ID (Ethics Commission 84939 | on Filers) |
| 4 | Date 06/24/2025 | 5 Full name of contributor Gravely, Marc6 Contributor address; City; Sta | out-of-state PAC (ID#: ate; Zip Code | | 7 Amo | ount of Contribution (\$) | \$2,500.00 |
| 8 | Principal occu Attorney | Frisco, TX 75033 pation / Job title (See Instructions) | 9 | Employer (See Instructions Gravely Attorneys & Cou | | s | |
| | Date 06/28/2025 | Full name of contributor Griffith, Susan Contributor address; City; Sta | out-of-state PAC (ID#: | | Amo | ount of Contribution (\$) | \$50.00 |
| | | Corinth, TX 76210 pation / Job title (See Instructions) relopment Coordinator | | Employer (See Instructions True Texas Project | <u> </u> 5) | | |
| | Date 06/27/2025 | Full name of contributor Hamilton, Monica Contributor address; City; Sta | out-of-state PAC (ID#: | | Amo | ount of Contribution (\$) | \$30.00 |
| | Principal occu | Boyd, TX 76023 pation / Job title (See Instructions) |) | Employer (See Instructions | <u> </u> ;) | | |
| | homemaker | | | homemaker | <u> </u> | | |
| | Date 06/30/2025 | Full name of contributor Hicks, Troy Contributor address; City; Sta Flower Mound, TX 75028 | out-of-state PAC (ID#: |) | Amo | ount of Contribution (\$) | \$50.00 |
| | Principal occu Sales Energy | pation / Job title (See Instructions) y equipment | | Employer (See Instructions Squibb Taylor | 5) | | |
| | Date 06/25/2025 | Full name of contributor Howard, Jay Contributor address; City; Sta | out-of-state PAC (ID#: | | Amo | ount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIE | BUTION | S | | SCHEDUL | E A1 |
|---|---------------------------------|--|---------------|--|----|--|-------------|
| | The Instruc | ction Guide explains how to comple | ete this forr | n. | 1 | Total pages Schedule A1: Sch: 9/19 Rpt: 12/75 | |
| 2 | FILER NAME Luther, Shell | ey A. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00084939 | n Filers) |
| 4 | Date 06/25/2025 | Full name of contributor out-of-state Jones, Neal Contributor address; City; State; Zip Code | PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$500.00 |
| _ | 5 | Austin, TX 78735 | la la | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | 5) | | |
| | Date 06/24/2025 | Kalbfleisch, Carl | PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | | Denison, TX 75020 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | i) | | |
| | Date 06/30/2025 | Full name of contributor out-of-state Koebele, Stephen Contributor address; City; State; Zip Code | PAC (ID#: | | | Amount of Contribution (\$) | \$500.00 |
| | | Austin, TX 78701 | | | | | |
| | Principal occu Attorney at L | pation / Job title (See Instructions) aw | | Employer (See Instructions Law Office of Steve Koe | | le | |
| | Date 06/27/2025 | Lawson, Brent | PAC (ID#: |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 06/27/2025 | Full name of contributor out-of-state Lesperance, Amanda Contributor address; City; State; Zip Code Cooper, TX 75432 | PAC (ID#: | | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Practioner | pation / Job title (See Instructions) | | Employer (See Instructions Self/The healing way he | | al Apothecary | |
| | | | I | | | | |

| | MONET | ARY POLITICAL C | | SCHEDUI | E A1 | | |
|---|--------------------------------|---|---|--|-----------------------------|---|------------|
| | The Instruc | ction Guide explains how t | o complete this form | n. | 1 | Total pages Schedule A1: Sch: 10/19 Rpt: 13/75 | |
| 2 | FILER NAME Luther, Shell | ey A. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00084939 | on Filers) |
| 4 | Date 06/23/2025 | 5 Full name of contributor Loewy, Adam6 Contributor address; City; Stat | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$5,000.00 |
| _ | Deignaignal | Austin, TX 78731 | lo. | Franksian (Can Instructions | | | |
| 8 | Law | pation / Job title (See Instructions) | 9 | Employer (See Instructions Loewy Law Firm | | | |
| | Date 06/27/2025 | Full name of contributor Marchetti, Thomas Contributor address; City; Stat | out-of-state PAC (ID#:e; Zip Code |) | | Amount of Contribution (\$) | \$25.00 |
| | Principal occu | Rockwall, TX 75032 pation / Job title (See Instructions) | | Employer (See Instructions | :) | | |
| | retired | (| | retired | , | | |
| | Date 06/27/2025 | Full name of contributor [Marr, Josh Contributor address; City; Stat | out-of-state PAC (ID#: e; Zip Code |) | | Amount of Contribution (\$) | \$250.00 |
| | | Van Alstyne, TX 75495 | | | | | |
| | Principal occu Claims Adjus | pation / Job title (See Instructions) ster | | Employer (See Instructions Self | 5) | | |
| | Date 06/30/2025 | Full name of contributor Marr, Reggie Contributor address; City; Stat Howe, TX 75459 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu retired | pation / Job title (See Instructions) | | Employer (See Instructions retired | 5) | | |
| | Date 06/29/2025 | Full name of contributor Martin, Mary Contributor address; City; Stat Winnsboro, TX 75494 | | | Amount of Contribution (\$) | \$100.00 | |
| | Principal occu retired | pation / Job title (See Instructions) | | Employer (See Instructions retired |) | | |
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| | MONEI | ARY POLITICAL (| | SCHEDUI | E A1 | | | |
|---|--|--|-------------------------|---------|--|---|---|------------|
| | The Instru | ction Guide explains how | to complete this fo | orn | n. | 1 | Total pages Schedule A1: Sch: 11/19 Rpt: 14/75 | |
| 2 | FILER NAME Luther, Shell | ley A. (The Honorable) | | | | 3 | Filer ID (Ethics Commission 00084939 | on Filers) |
| 4 | Date 06/28/2025 | 5 Full name of contributor McCall, Susan6 Contributor address; City; St | out-of-state PAC (ID#:_ | | | 7 | Amount of Contribution (\$) | \$100.00 |
| 8 | Principal occu | Lucas, TX 75002 pation / Job title (See Instructions | s) | | Employer (See Instructions Adaptive Biotechnologie | | | |
| | Date 06/29/2025 | Full name of contributor McCarty, Julie Contributor address; City; Si Grapevine, TX 76051 | out-of-state PAC (ID#:_ | | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu RE | pation / Job title (See Instructions | 5) | | Employer (See Instructions self |) | | |
| | Date Full name of contributor out-of-state PAC (ID#: | | | | | | Amount of Contribution (\$) | \$100.00 |
| | | Dallas, TX 75231 | , 1 | | | | | |
| | Consultant | pation / Job title (See Instructions | 5) | | Employer (See Instructions Self |) | | |
| | Date 06/30/2025 | Full name of contributor Morrison, Joseph Contributor address; City; Si Dallas, TX 75229 | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Attorney | pation / Job title (See Instructions | 5) | | Employer (See Instructions Mullen & Mullen |) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Mullen, Shane Contributor address; City; State; Zip Code Dallas, TX 75205 | | | | | | Amount of Contribution (\$) | \$3,000.00 |
| | Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions) Mullen & Mullen Law | | | | | | | |
| | | | | | | | | |

| | MONET | ARY POLITICAL CO | ONTRIBUTION | S | | SCHEDUI | LE A1 |
|---|--|---|--------------------------|--|-----------------------------|---|--------------|
| | The Instruc | ction Guide explains how t | to complete this form | n. | 1 | Total pages Schedule A1: Sch: 12/19 Rpt: 15/75 | |
| 2 | FILER NAME Luther, Shell | ey A. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00084939 | on Filers) |
| 4 | Date 06/30/2025 | 5 Full name of contributor Nease, Nelson6 Contributor address; City; State | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$500.00 |
| _ | D: : 1 | Austin, TX 78701 | - In | 5 1 (0 1 : 1 | _ | | |
| 8 | Lobbyist | pation / Job title (See Instructions) | 9 | Employer (See Instructions Self | 5) | | |
| | Date 06/28/2025 | Full name of contributor Nichols, Colby Contributor address; City; Stat | |) | | Amount of Contribution (\$) | \$350.00 |
| | Principal occu | Austin, TX 78738 pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Attorney | , | Horizon Public Strategie | | | | |
| | Date Full name of contributor out-of-state PAC (ID#: | | | | | Amount of Contribution (\$) | \$1,000.00 |
| | | Huntington Beach, CA 9264 | 49 | | | | |
| | Principal occu Guest Relati | pation / Job title (See Instructions) ons | | Employer (See Instructions Los Angeles Angels | 5) | | |
| | Date 06/27/2025 | Full name of contributor Palmer, John Contributor address; City; Stat Denison, TX 75020 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$300.00 |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 06/29/2025 | Full name of contributor Platt, Brenda Contributor address; City; Stat Bridgeport, TX 76426 |) | | Amount of Contribution (\$) | \$100.00 | |
| | Principal occu President | pation / Job title (See Instructions) | | Employer (See Instructions Mansion Minders | 5) | | |
| | | | , | | | | |

| | MONET | ARY POLITICAL C | ONTRIBUTION | NS | | SCHEDUL | E A1 |
|---|---------------------------------|---|---------------------------------------|--|----------|---|-------------|
| | The Instruc | ction Guide explains how | to complete this for | rm. | 1 | Total pages Schedule A1: Sch: 13/19 Rpt: 16/75 | |
| 2 | FILER NAME Luther, Shell | ey A. (The Honorable) | | | 3 | Filer ID (Ethics Commissio 00084939 | n Filers) |
| 4 | Date 06/29/2025 | 5 Full name of contributor Preston, Melinda6 Contributor address; City; St | out-of-state PAC (ID#:ate; Zip Code | | 7 | Amount of Contribution (\$) | \$50.00 |
| _ | Dringing | Frisco, TX 75033 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | - Franksian (Cooksaturation | | | |
| 8 | | pation / Job title (See Instructions ton County Republican Party | 9 | Employer (See Instruction Melinda Preston | 15) | | |
| | Date 06/27/2025 | Full name of contributor Republican Party of Fankl Contributor address; City; St | |) | | Amount of Contribution (\$) | \$500.00 |
| | Dringing! aggs | Mt Vernon, TX 75457 | | Employer (Coo Instruction | <u></u> | | |
| | Principal occu | pation / Job title (See Instructions | | Employer (See Instruction | is) | | |
| | Date 06/30/2025 | Full name of contributor Rhodes, Fran Contributor address; City; St | | Amount of Contribution (\$) | \$100.00 | | |
| | | Keller, TX 76244 | | | | | |
| | Principal occu President, no | pation / Job title (See Instructions on profit | | Employer (See Instruction True Texas Project | าร) | | |
| | Date 06/30/2025 | Full name of contributor Rodriguez, Mario Contributor address; City; St | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | pation / Job title (See Instructions | | Employer (See Instruction | ns) | | |
| | Date 06/27/2025 | Full name of contributor Russo, Christopher Contributor address; City; St | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu President, N | pation / Job title (See Instructions on-Profit | | Employer (See Instruction Strong Borders Found | | 1 | |
| | -, | | | <u> </u> | | | |

| | MONET | ARY POLITICAL CONT | | SCHEDUL | SCHEDULE A1 | | |
|---|-------------------------------|---|------------------------------------|------------------------------------|-----------------------------|---|------------|
| | The Instruc | ction Guide explains how to con | nplete this for | n. | 1 | Total pages Schedule A1: Sch: 14/19 Rpt: 17/75 | |
| 2 | FILER NAME Luther, Shell | ey A. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00084939 | on Filers) |
| 4 | Date 06/30/2025 | Full name of contributor out-of Safdarian, Nastaran Contributor address; City; State; Zip C | | | 7 | Amount of Contribution (\$) | \$500.00 |
| _ | | Dallas, TX 75230 | 1- | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions |) | | |
| | Date 06/30/2025 | Full name of contributor out-of Shields, Robert Contributor address; City; State; Zip C | | Amount of Contribution (\$) | \$1,000.00 | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | CEO/Preside | | MRI Centers of Texas | , | | | |
| | Date 06/27/2025 | Full name of contributor out-of Sipe, Sherry Contributor address; City; State; Zip C |) | | Amount of Contribution (\$) | \$100.00 | |
| | | Sherman, TX 75091 | | | | | |
| | Principal occu retired | pation / Job title (See Instructions) | | Employer (See Instructions retired |) | | |
| | Date 06/23/2025 | Smith, Marilla | | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu Landscape D | pation / Job title (See Instructions) Designer | Employer (See Instructions Self |) | | | |
| | Date 06/30/2025 | Full name of contributor out-of Smith, Mary Contributor address; City; State; Zip C |) | | Amount of Contribution (\$) | \$50.00 | |
| | Principal occu retired | pation / Job title (See Instructions) | Employer (See Instructions retired |) | | | |
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| | MONET | ARY POLITICAL CONTR | | SCHEDUL | SCHEDULE A1 | | |
|---|-------------------------------|--|--|---|-----------------------------|---|------------|
| | The Instruc | ction Guide explains how to comp | lete this form | n. | 1 | Total pages Schedule A1: Sch: 15/19 Rpt: 18/75 | |
| 2 | FILER NAME Luther, Shell | ey A. (The Honorable) | | | 3 | Filer ID (Ethics Commission 00084939 | on Filers) |
| 4 | Date 06/28/2025 | Sokol, Angela | ate PAC (ID#: | | 7 | Amount of Contribution (\$) | \$100.00 |
| _ | D: : 1 | Sherman, TX 75092 | - la | | | | |
| 8 | retired | pation / Job title (See Instructions) | 9 | Employer (See Instructions retired | 5) | | |
| | Date 06/24/2025 | Stanton, James | ate PAC (ID#: | | | Amount of Contribution (\$) | \$1,000.00 |
| | Dringing! goog | Dallas, TX 75225 | | Employer (See Instructions | | | |
| | Attorney | pation / Job title (See Instructions) | Employer (See Instructions Stanton LLP |) | | | |
| | Date 06/27/2025 | Full name of contributor out-of-sta Starr, David Contributor address; City; State; Zip Cod | ate PAC (ID#: |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | San Antonio, TX 78216 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Real estate | , , | | Self | , | | |
| | Date 06/28/2025 | Stevenson, Josh | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Sales | pation / Job title (See Instructions) | | Employer (See Instructions ELD Emgineering |) | | |
| | Date 06/28/2025 | Full name of contributor out-of-sta Teamann, Shawn Contributor address; City; State; Zip Cod Sherman, TX 75092 |) | | Amount of Contribution (\$) | \$100.00 | |
| | Principal occu Entrepreneu | pation / Job title (See Instructions) | | Employer (See Instructions Self |) | | |
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| | MONET | ARY POLITICAL CONTRIBUTIO | | SCHEDULE A1 | |
|---|-----------------------------|--|------------------------------|-------------|---|
| | The Instruc | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 16/19 Rpt: 19/75 |
| 2 | FILER NAME Luther, Shell | ey A. (The Honorable) | | 3 | Filer ID (Ethics Commission Filers) 00084939 |
| 4 | Date 06/28/2025 | Full name of contributor | | 7 | Amount of Contribution (\$) \$50.00 |
| 8 | Principal occu | Van Alstyne, TX 75495 pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | |
| | retired | sation, oob title (See instructions) | retired | <i>J</i> | |
| | Date 06/30/2025 | Full name of contributor out-of-state PAC (ID#: Texans United For a Conservative Majority PAC Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) \$5,000.00 |
| | 5 | Victoria, TX 77901 | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | S) | |
| | Date 06/24/2025 | Full name of contributor out-of-state PAC (ID#: Texans United For a Conservative Majority PAC Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) \$5,000.00 |
| | | Victoria, TX 77901 | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | |
| | Date 06/27/2025 | Full name of contributor out-of-state PAC (ID#: Texans for Truth and Liberty PAC Contributor address; City; State; Zip Code Austin, TX 78701 |) | | Amount of Contribution (\$) \$25,000.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | |
| | Date 06/24/2025 | Full name of contributor out-of-state PAC (ID#: Texas Gun Rights PAC Contributor address; City; State; Zip Code Weatherford, TX 76086 | | | Amount of Contribution (\$) \$250.00 |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | |
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| | MONET | ARY POLITICAL CONTRIBUTION | | SCHEDUI | SCHEDULE A1 | |
|---|-----------------------------|--|--|---------|---|------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 17/19 Rpt: 20/75 | |
| 2 | FILER NAME Luther, Shell | ley A. (The Honorable) | | 3 | Filer ID (Ethics Commission 00084939 | on Filers) |
| 4 | Date 06/25/2025 | Full name of contributor | | 7 | Amount of Contribution (\$) | \$5,000.00 |
| _ | | Austin, TX 78701 | | | | |
| 8 | Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions |) | | |
| | Date 06/30/2025 | Full name of contributor out-of-state PAC (ID#:_Vickers, Vicki Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | Yoakum, TX 77995 upation / Job title (See Instructions) | Employer (See Instructions retired |) | | |
| | Date 06/28/2025 | Full name of contributor out-of-state PAC (ID#:_ Wakin, Jackie Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | Frisco, TX 75036-8842 upation / Job title (See Instructions) | Employer (See Instructions |) | | |
| | Professional | | Self | | | |
| | Date 06/30/2025 | Full name of contributor out-of-state PAC (ID#: Wedding, Patrick S. Contributor address; City; State; Zip Code Irving, TX 75063-4815 | | | Amount of Contribution (\$) | \$30.00 |
| | Principal occu retired | pation / Job title (See Instructions) | Employer (See Instructions retired |) | | |
| | Date 06/30/2025 | Full name of contributor out-of-state PAC (ID#:_ White, David Contributor address; City; State; Zip Code Austin, TX 78746 | | | Amount of Contribution (\$) | \$2,000.00 |
| | Principal occu CEO | pation / Job title (See Instructions) | Employer (See Instructions Public Blueprint |) | | |
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| | MONET | ARY POLITICAL (| | SCHEDUL | ILE A1 | | | |
|---|--|---|-------------------------|---------|---|---|---|------------|
| | The Instruc | ction Guide explains how | v to complete this fo | orr | n. | 1 | Total pages Schedule A1: Sch: 18/19 Rpt: 21/75 | |
| 2 | FILER NAME Luther, Shell | ey A. (The Honorable) | | | | 3 | Filer ID (Ethics Commission 00084939 | on Filers) |
| 4 | Date 06/29/2025 | 5 Full name of contributor White, Herman6 Contributor address; City; S | out-of-state PAC (ID#: | |) | 7 | Amount of Contribution (\$) | \$200.00 |
| 8 | Principal occu | Runaway Bay, TX 76426 pation / Job title (See Instruction | s) (e | 9 | Employer (See Instructions | <u>:)</u> | | |
| | retired | pation / oob title (See instruction | 5) | | retired | " | | |
| | Date 06/25/2025 | Full name of contributor Wholesale Beer Distribut Contributor address; City; S Austin, TX 78701 | | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | pation / Job title (See Instruction | s) | | Employer (See Instructions | <u> </u> s) | | |
| | Date Full name of contributor out-of-state PAC (ID#: | | | | | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Commission | COLLINSVILLE, TX 7623 pation / Job title (See Instruction er | | | Employer (See Instructions Grayson County | <u> </u> | | |
| | Date 06/24/2025 | Full name of contributor Yarbrough, Jace Contributor address; City; S Sanger, TX 76266 | | | | | Amount of Contribution (\$) | \$50.00 |
| | Principal occu | pation / Job title (See Instruction | s) | | Employer (See Instructions | <u>I</u> S) | | |
| | Date 06/29/2025 | Full name of contributor connery, dianne Contributor address; City; S pottsboro, TX 75076 | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu | pation / Job title (See Instruction | S) | | Employer (See Instructions | 5) | | |
| | | | | | | | | |

| MONET | ARY POLITICAL CONTRIBUTION | ΛC | IS | | SCHEDULE A1 |
|----------------------------|--|---|---|--|---|
| The Instru | ction Guide explains how to complete this | for | m. | 1 | Total pages Schedule A1: Sch: 19/19 Rpt: 22/75 |
| FILER NAME Luther, Shel | | | | 3 | Filer ID (Ethics Commission Filers) 00084939 |
| Date 06/28/2025 | 5 Full name of contributor | |) | 7 | Amount of Contribution (\$) \$138.38 |
| | | <u> </u> 5) | | | |
| | | | | | |
| | The Instru FILER NAME Luther, Shel Date 06/28/2025 | The Instruction Guide explains how to complete this FILER NAME Luther, Shelley A. (The Honorable) Date 06/28/2025 5 Full name of contributor out-of-state PAC (ID#: wamhoff, patrick 6 Contributor address; City; State; Zip Code | The Instruction Guide explains how to complete this form FILER NAME Luther, Shelley A. (The Honorable) Date 06/28/2025 5 Full name of contributor out-of-state PAC (ID#: | Luther, Shelley A. (The Honorable) Date 06/28/2025 Frisco, TX 75034 Principal occupation / Job title (See Instructions) 5 Full name of contributor out-of-state PAC (ID#: | The Instruction Guide explains how to complete this form. FILER NAME Luther, Shelley A. (The Honorable) Date 06/28/2025 Contributor out-of-state PAC (ID#: |

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | d Cor | | Food/Beverage Expens Gift/Awards/Memorials I Legal Services The Instruction Gu | Expense | | xpens Vages | e /Contract Labor | | Travel in District Travel Out of Dis OTHER (enter a | trict category not listed above) | |
|----------|---|----------|----------------|---|--------------------|------------|----------------|----------------------|-------|---|-------------------------------------|---|
| 1 | Total pages Schedule F1: | 2 | | | | | | | 3 | Filer ID | (Ethics Commission Filers |) |
| L | Sch: 1/53 Rpt: 23/75 | | Luther, She | lley A. (The Hon | orable) | | | | | 00084939 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| L | 06/02/2025 | | 24 Diner | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | ss; City; | State; | Zip Co | ode | | | | | |
| | \$174.21 | | 600 N Lama | ar Blvd | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Austin, TX 7 | 78703 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | ee Categories listed at th | e top of this sch | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Food/Bever | age Expense | | | | = | | de of Texas. Comp | | |
| | - | | | | | | | Candidate an | | officeholder living | expense | |
| | | | | | | | | Sandidate an | | zan mou | | |
| 9 | Complete ONLY if direct | <u> </u> | Candidate/Offi | ceholder name | | Office sou | laht | | | Office he | eld | |
| _ | expenditure to benefit C/O | | | oonoider name | | | -9·II | | | | | |
| | Date | | Payee name | | | _ | | | | | | |
| L | 06/26/2025 | | 2910 Centra | al Express 75 & l | Parker Foo | d Mart | | | | | | |
| | Amount (\$) | | Payee addre | ss; City; | State; | Zip Co | ode | <u> </u> | | | | |
| | \$45.29 | | 2910 Centra | al Expressway | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Plano, TX 7 | 5874 | | | | | | | | |
| | PURPOSE | (a) | Category (Se | ee Categories listed at th | e top of this sche | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Travel In Di | | | | | = | | de of Texas. Comp | | |
| | - | | | | | | | Check if Austin, | , 1X, | officeholder living | expense | |
| | | | | | | | | i uci | | | | |
| | Complete ONLY if direct | <u> </u> | Candidate/Offi | ceholder name | | Office sou | l Jaht | | | Office he | eld | |
| | expenditure to benefit C/O | | | - I I I I I I I I I I I I I I I I I I I | | | 9.10 | | | 2.1100 110 | · - | |
| - | Date | Г | Payee name | | | | | | | | | _ |
| | 06/16/2025 | | AT&T | | | | | | | | | |
| \vdash | Amount (\$) | \vdash | Payee addres | ss; City; | State: | Zip Co | nde | | | | | |
| | \$195.24 | | 208 S Akard | | Jiaie, | p 00 | | | | | | |
| | Ψ±00.24 | | _55 5 / mark | | | | | | | | | |
| | | | Dallas, TX 7 | 75202 | | | | | | | | |
| | PURPOSE | (a) | | ee Categories listed at th | | edule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Office Over | head/Rental Exp | ense | | | | | de of Texas. Comp officeholder living | | |
| | | | | | | | | Campaign Ph | | | слреное | |
| | | | | | | | | paigii i ii | | - | | |
| | Complete ONLY if direct | | Candidate/Offi | ceholder name | C | Office sou | l ught | | | Office he | eld | |
| | expenditure to benefit C/Oh | | | | | | g | | | 200 110 | | |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | | |
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | nmittee Legal Servi | /Memorials Expense ces uction Guide expla | | /ages | /Contract Labor | | Travel Out of Dis OTHER (enter a | trict category not listed abo | ove) |
|----------|--|----------|-------------------------|---|-------------|-------|--------------------|------|--|----------------------------------|------------|
| 1 | Total pages Schodule F1: | 2 | | | | | | , | Eilor ID | (Ethics Commissi | on Eilore\ |
| 1 | Total pages Schedule F1: Sch: 2/53 Rpt: 24/75 | l | Luther, Shelley A. (| Γhe Honorable) | | | | 3 | Filer ID 00084939 | (Ethics Commissi | on File(S) |
| 4 | Date | 5 | Payee name | | | | | | | | |
| | 05/15/2025 | | AT&T | | | | | | | | |
| 6 | Amount (\$) | l | - | ity; St | ate; Zip Co | de | | | | | |
| | \$195.24 | | 208 S Akard St | | | | | | | | |
| | | | Dallas, TX 75202 | | | | | | | | |
| 8 | PURPOSE | ├ | Category (See Categorie | s listed at the top of this | s schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Office Overhead/Re | | , , , | | Check if travel of | | de of Texas. Com | | |
| | EXPENDITORE | | | | | | _ | | officeholder living | expense | |
| | | | | | | | Campaign Ph | on | е | | |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | | andidate/Officeholder | name | Office sou | ght | | | Office he | eld | |
| _ | | _ | | | | | | | | | |
| | Date | I | Payee name | | | | | | | | |
| | 04/15/2025 | | AT&T | | | | | | | | |
| | Amount (\$) | | Payee address; C | ity; St | ate; Zip Co | de | | | | | |
| | \$195.24 | | 208 S Akard St | | | | | | | | |
| | | | | | | | | | | | |
| | | | Dallas, TX 75202 | | | | | | | | |
| | PURPOSE | (a) | Category (See Categorie | s listed at the top of this | s schedule) | (b) | Description | | | | |
| | OF EXPENDITURE | | Office Overhead/Re | ntal Expense | | | | | de of Texas. Com | | |
| | | | | | | | Campaign Ph | | officeholder living | expense | |
| | | | | | | | Campaign Fil | 1011 | C | | |
| \vdash | Complete ONLY if direct | | andidate/Officeholder | name | Office sou | aht | | | Office he | -jld | |
| | expenditure to benefit C/O | | andidate/OniceHoldel | пать | Office 500 | grit | | | Omice He | ли | |
| H | Date | <u> </u> | Payee name | | | | | | | | |
| | 03/17/2025 | ı | AT&T | | | | | | | | |
| _ | | | | it C: | oto: 7:- 0- | de | | | | | |
| | Amount (\$) | l | | ity; St | ate; Zip Co | ue | | | | | |
| | \$195.24 | | 208 S Akard St | | | | | | | | |
| | | | D-II TV 75000 | | | | | | | | |
| | | | Dallas, TX 75202 | | | | | | | | |
| | PURPOSE OF | | Category (See Categorie | | s schedule) | (b) | Description | | do of Toy O | nloto Cabarii I- T | |
| | EXPENDITURE | | Office Overhead/Re | ntal Expense | | | ш | | de of Texas. Comp officeholder living | | |
| | | | | | | | Campaign Ph | | _ | опропос | |
| | | | | | | | F9 | | | | |
| | Complete ONLY if direct | C | andidate/Officeholder | name | Office sou | ght | | | Office he | eld | |
| | expenditure to benefit C/O | | | | | - | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| Credit Card Payment | The Instruction Guide explains how to co | mplete this form. | | |
|---|--|-------------------|---|----------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID | (Ethics Commission Filers) |
| Sch: 3/53 Rpt: 25/75 | Luther, Shelley A. (The Honorable) | | 00084939 | |
| 4 Date | 5 Payee name | | <u> </u> | |
| 02/18/2025 | AT&T | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | de | | |
| \$195.16 | 208 S Akard St | | | |
| | | | | |
| | Dallas, TX 75202 | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| OF EXPENDITURE | Office Overhead/Rental Expense | | el outside of Texas. Con | nplete Schedule T. |
| LAFENDITORE | | | tin, TX, officeholder living | g expense |
| | | Campaign F | Pnone | |
| O Complete ONLY if direct | Condidate/Officeholder name Office equ | aht | Office h | ald |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sou H | gnı | Office h | eiu |
| | | | | |
| Date | Payee name | | | |
| 01/15/2025 | AT&T | | | |
| Amount (\$) | Payee address; City; State; Zip Co | de | | |
| \$195.16 | 4331 Communications | | | |
| | | | | |
| | Dallas, TX 75202 | | | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| EXPENDITURE | Office Overhead/Rental Expense | ш | el outside of Texas. Con tin, TX, officeholder livin | |
| | | Campaign F | | у схропос |
| | | 1 3 | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ght | Office h | eld |
| expenditure to benefit C/O | Н | | | |
| Date | Payee name | | | |
| 02/12/2025 | AirGarage Parking | | | |
| Amount (\$) | Payee address; City; State; Zip Co | de | | |
| \$48.49 | 215 S Lamar Blvd | | | |
| | | | | |
| | Austin, TX 78704 | | | |
| PURPOSE | | (b) Description | | |
| OF | (a) Category (See Categories listed at the top of this schedule) Travel In District | | el outside of Texas. Con | nplete Schedule T. |
| EXPENDITURE | Traver in District | Check if Aust | tin, TX, officeholder livin | g expense |
| | | Parking | | |
| | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ght | Office h | eld |
| expenditure to benefit C/O | п | | | |
| | | | | |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 4/53 Rpt: 26/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| | 02/24/2025 | Amazon.com |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$129.64 | 440 Terry Ave N |
| | | |
| | | Seattle, WA 98109 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Office Hardware and Supplies |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | Н |
| | Date | Payee name |
| | 02/24/2025 | Amazon.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$30.04 | 440 Terry Ave N |
| | | |
| | | Seattle, WA 98109 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Office Hardware and Supplies |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | H |
| | Date | Payee name |
| | 02/24/2025 | Amazon.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$12.96 | 440 Terry Ave N |
| | | |
| | | Seattle, WA 98109 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Office Hardware and Supplies |
| | | Office Hardware and Supplies |
| | 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 Comr

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 5/53 Rpt: 27/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| | 02/13/2025 | Amazon.com |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$173.19 | 440 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 Office Hardware and Supplies |
| | | Office Flataware and Supplies |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ١ | expenditure to benefit C/O | |
| \vdash | Date | Dougo nama |
| | | Payee name |
| | 02/03/2025 | Amazon.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$51.33 | 440 Terry Ave N |
| | | |
| | | Seattle, WA 98109 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | | Check if Austin, TX, officeholder living expense |
| | | Office Hardware and Supplies |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Data | |
| | Date | Payee name |
| | 01/06/2025 | Amazon.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$446.00 | 440 Terry Ave N |
| | | |
| | | Seattle, WA 98109 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Office Hardware and Supplies |
| | | Office Hardware and Supplies |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| | Candidate/Officeholder/Politica Credit Card Payment | l Committee Legal Services Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
|---|---|--|--|
| | | The Instruction Guide explains how to complete this form. | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 6/53 Rpt: 28/75 | Luther, Shelley A. (The Honorable) | 00084939 |
| 4 | Date | 5 Payee name | |
| | 01/07/2025 | Amazon.com | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$82.70 | 440 Terry Ave N | |
| | | | |
| | | Seattle, WA 98109 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | onice evenicaan tentar Expense | vel outside of Texas. Complete Schedule T. |
| | | Office Sup | stin, TX, officeholder living expense |
| | | Cinice out | piios |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| ۱ | expenditure to benefit C/O | | Office field |
| F | Date | Payee name | |
| | 01/07/2025 | Amazon.com | |
| _ | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$107.67 | 440 Terry Ave N | |
| | Ψ107.01 | 440 Tony / We IV | |
| | | Seattle, WA 98109 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | vel outside of Texas. Complete Schedule T. |
| | | I — I — | stin, TX, officeholder living expense |
| | | Office Hard | dware and Supplies |
| | Operation ONLY if direct | On distance (Office Includes a constant | Office health |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| | | | |
| | Date | Payee name | |
| | 01/13/2025 | Amazon.com | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$42.37 | 440 Terry Ave N | |
| | | | |
| | | Seattle, WA 98109 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | | vel outside of Texas. Complete Schedule T. |
| | | _ | stin, TX, officeholder living expense |
| | | Office Sup | μιισο |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | Office field |
| | | | |
| | | | |
| | | | |
| | rme provided by Tayas F | thice Commission www.athice state ty us | Version V// 1 0 f10d0fd9 |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Contributions/ Donations Made By -

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials 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: 7/53 Rpt: 29/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| | 01/13/2025 | Amazon.com |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$227.31 | 440 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 Office Hardware and Supplies |
| | | Office Hardware and Supplies |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/O | |
| ⊨ | Date | David and the second |
| | 01/14/2025 | Payee name |
| | | Amazon.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$27.61 | 440 Terry Ave N |
| | | |
| | | Seattle, WA 98109 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Office Hardware |
| | | Since Haraware |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| ⊨ | Date | Payee name |
| | 01/15/2025 | Amazon.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$101.72 | 440 Terry Ave N |
| | Ψ101.72 | 440 Telly Ave N |
| | | Soottle MA 00100 |
| | | Seattle, WA 98109 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Misc Office Supplies |
| | | |
| Н | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| 一 | | |
| 1 | | |
| l | | |

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: 8/53 Rpt: 30/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| | 01/21/2025 | Amazon.com |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$282.49 | 440 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 Office Hardware and Supplies |
| | | Office Hardware and Supplies |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| _ | | |
| | Date | Payee name |
| | 01/29/2025 | Amazon.com |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$27.91 | 440 Terry Ave N |
| | | |
| | | Seattle, WA 98109 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Office Supplies |
| | | Cindo Gappinos |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| - | Date | Payee name |
| | 04/23/2025 | Payee name Amazon |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$215.90 | 440 Terry Ave N |
| | | |
| | | Seattle, WA 98109 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Office Hardware and Supplies |
| | | Office Flataware and Supplies |
| _ | 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 C

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 9/53 Rpt: 31/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| | 06/30/2025 | Anedot |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,240.84 | 1340 Poydras St |
| | | |
| | | New Orleans, LA 70112 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Donation processing |
| | | Donation processing |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/O | - · · · · · · · · · · · · · · · · · · · |
| - | Date | Payee name |
| | 01/14/2025 | Ann Taylor |
| | | Payee address; City; State; Zip Code |
| | Amount (\$) | |
| | \$445.91 | 9722 Great Hills Tr |
| | | |
| | | Austin, TX 78759 |
| | 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 |
| | | Professional Clothing |
| | | Troissoichai Gloating |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| - | Date | Payee name |
| | 01/13/2025 | At Home |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$32.45 | 5151 US Hwy 29 |
| | φ32.43 | 5151 05 Hwy 29 |
| | | Aughin, TV 7070F |
| | | Austin, TX 78735 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expanse (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Office Decoration |
| | | |
| | 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

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

| Candidate/Officeholder/Political 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: 10/53 Rpt: 32/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 Date | 5 Payee name |
| 01/07/2025 | Austin City Hall |
| 6 Amount (\$) \$15.00 | 7 Payee address; City; State; Zip Code 301 W 2nd St Austin, TX 78701 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 01/13/2025 | Best Buy |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$104.08 | 1201 Barbara Jordan Blvd |
| | Ste 100 |
| | Austin, TX 78723 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Hardware |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 06/05/2025 | Bob Utter Ford |
| Amount (\$) \$206.98 | Payee address; City; State; Zip Code 2525 TEXOMA PKWY |
| | Sherman, TX 75090 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Oil Change |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought Office held |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

spense 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: 11/53 Rpt: 33/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| | 02/11/2025 | Brim 11 Hat Bar |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$70.36 | 122 E Main St |
| | | |
| | | Royse City, TX 75189 |
| 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 Gifts |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 06/06/2025 | Buc-ee's |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$24.15 | 4155 N General Bruce Dr |
| | | |
| | | Temple, TX 76501 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Furl |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 06/27/2025 | Carona, Nick |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 308 N Mustang Ave |
| | | |
| | | Cedar Park, TX 78613 |
| | 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 Services |
| | | Campaign Services |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | | |
| | | |
| | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 12/53 Rpt: 34/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| | 05/13/2025 | Carve American Grille |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$234.03 | 7415 Southwest Pkwy |
| | | Auctin TV 79725 |
| _ | DUDDOCE | Austin, TX 78735 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Candidate and Staff Meal |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 06/30/2025 | Casey's |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$39.45 | 3707 S US HIGHWAY 7 |
| | | |
| | | SHERMAN, TX 75090 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Fuel |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 06/20/2025 | Casey's |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$42.13 | 529 W Lamar St |
| | , | |
| | | Sherman, TX 75898 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Fuel |
| | Commission ONE VIII II | Condidate (Office holder name) |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| l | Credit Gard Layment | The Instruction Guide explains how to co | mpl | plete this form. |
|----------|---|--|------|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 13/53 Rpt: 35/75 | Luther, Shelley A. (The Honorable) | | 00084939 |
| 4 | Date | 5 Payee name | | <u> </u> |
| | 06/23/2025 | Cefco | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Co | ode | |
| | \$43.72 | 3905 Bonham St | | |
| | | | | |
| | | Paris, TX 75460 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | D) Description |
| | OF | Travel In District | `` | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | | Check if Austin, TX, officeholder living expense |
| | | | | Fuel |
| | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sou | ıght | office held |
| | experialiture to beliefit C/O | 1 | | |
| | Date | Payee name | | |
| | 01/13/2025 | Chevron | | |
| Г | Amount (\$) | Payee address; City; State; Zip Co | ode |) |
| | \$41.19 | 4912 Monterey Oaks | | |
| | | | | |
| | | Austin, TX 78749 | | |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) | D) Description |
| | OF EXPENDITURE | Travel In District | | Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | | | Check if Austin, TX, officeholder living expense |
| | | | | Fuel |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office so | ıaht | nt Office held |
| | expenditure to benefit C/O | | ıgnı | office field |
| ⊨ | Date | | | |
| | Date 01/14/2025 | Payee name | | |
| L | | City Of Austin | _ | |
| | Amount (\$) | Payee address; City; State; Zip Ci | ode | ; |
| | \$5.00 | 919 Congress Ave | | |
| | | | | |
| | | Austin, TX 78701 | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) | D) Description |
| | EXPENDITURE | Travel In District | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | Parking |
| | | | | - |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sou | ıght | nt 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

| l | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 14/53 Rpt: 36/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| l | 04/14/2025 | Clayton Spangler Panoramic |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$549.00 | 235 Point Lick Dr |
| | | |
| L | | Charleston, WV 25306 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| l | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| l | | Texas House Panoramic Photo |
| l | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| l | expenditure to benefit C/OI | 1 |
| F | Date | Payee name |
| l | 06/30/2025 | Cowboy Chicken |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| l | \$74.41 | 3811 N Highway 75 |
| l | | |
| l | | Sherman, TX 75090 |
| ┢ | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| l | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| l | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Candidate and Staff Meal |
| ┝ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| ⊨ | Date | Davida marra |
| l | 04/18/2025 | Payee name DoorDash |
| ┝ | Amount (\$) | |
| l | \$77.67 | Payee address; City; State; Zip Code 303 2nd Street |
| l | Ψ11.01 | 303 Ziid Street |
| l | | San Francisco, CA 94107 |
| ⊢ | PURPOSE | <u> </u> |
| l | OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| l | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| l | | Candidate and Staff Meal |
| L | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experiulture to beliefft C/OI | 1 |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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: 15/53 Rpt: 37/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| | 04/18/2025 | DoorDash |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$68.84 | 303 2nd Street |
| | | |
| | | San Francisco, CA 94107 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | Check if Austin, TX, officeholder living expense |
| | | Candidate and Staff Meal |
| Ļ | Operation ONLY if allowed | Our field to 10ff and hald an array of the second to |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| _ | | |
| | Date | Payee name |
| | 04/18/2025 | DoorDash |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$65.61 | 303 2nd Street |
| | | |
| | | San Francisco, CA 94107 |
| | 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 |
| | | Candidate and Staff Meal |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Date | Payee name |
| | 06/11/2025 | Dry Clean City |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$196.55 | 1905 TEXOMA PKWY |
| | | |
| | | Sherman, TX 75090 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Office Overhead/Rental Expense |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Dry Cleaning |
| | | |
| | 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 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: 16/53 Rpt: 38/75 | Luther, Shelley A. (The Honorable) | 00084939 |
| 4 | Date | 5 Payee name | |
| | 06/06/2025 | Dry Clean City | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$203.33 | 1905 TEXOMA PKWY | |
| | | | |
| | | Sherman, TX 75090 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descriptio | n |
| | OF EXPENDITURE | | travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | l | Austin, TX, officeholder living expense |
| | | Dry Clear | ning |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| 9 | expenditure to benefit C/OI | | Office field |
| H | D-1- | T _ | |
| | Date | Payee name | |
| | 05/19/2025 | Dry Clean City | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$88.09 | 1905 TEXOMA PKWY | |
| | | | |
| | | Sherman, TX 75090 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Descriptio | |
| | EXPENDITURE | Onice Overricad/Nertial Expense | travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense |
| | | Dry Clea | |
| | | | - |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | Н | |
| | Date | Payee name | |
| | 05/05/2025 | Dry Clean City | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$12.44 | 1905 TEXOMA PKWY | |
| | | | |
| | | Sherman, TX 75090 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descriptio | n |
| | OF | | travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if A | Austin, TX, officeholder living expense |
| | | Dry Clear | ning |
| | Operated Children | Our distance (Office Includes) | 0#: |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought H | Office held |
| L | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 17/53 Rpt: 39/75 | Luther, Shelley A. (The Honorable) 00084939 | |
| 4 | Date | 5 Payee name | _ |
| | 04/28/2025 | Dry Clean City | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | - |
| | \$51.80 | 1905 TEXOMA PKWY | |
| | | | |
| | | Sherman, TX 75090 | |
| 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. | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | Dry Cleaning | |
| Ļ | 0 1 0 0 1 1 1 1 | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| L | · | | _ |
| | Date | Payee name | |
| | 04/28/2025 | Dry Clean City | _ |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$55.14 | 1905 TEXOMA PKWY | |
| | | | |
| L | | Sherman, TX 75090 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| l | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| l | | Dry Cleaning | |
| | | | |
| Г | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/OI | 1 | |
| | Date | Payee name | = |
| | 04/14/2025 | Dry Clean City | |
| | Amount (\$) | Payee address; City; State; Zip Code | _ |
| | \$83.77 | 1905 TEXOMA PKWY | |
| | | | |
| | | Sherman, TX 75090 | |
| | 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 | |
| | | Dry Cleaning | |
| L | 0 1. 2 | | _ |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | | | _ |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officeholder/Politica Credit Card Payment | 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: 18/53 Rpt: 40/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| | 04/07/2025 | Dry Clean City |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$47.55 | 1905 TEXOMA PKWY |
| | | |
| | | Sherman, TX 75090 |
| 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 Dry Cleaning |
| | | Dry Cleaning |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| ⊨ | Data | |
| | Date | Payee name |
| L | 03/31/2025 | Dry Clean City |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$45.12 | 1905 TEXOMA PKWY |
| | | |
| | | Sherman, TX 75090 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Dry Cleaning |
| | | Dry Cleaning |
| ⊢ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| H | Data | Davida marra |
| | Date 03/24/2025 | Payee name Dry Clean City |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$30.21 | 1905 TEXOMA PKWY |
| | | |
| | | Sherman, TX 75090 |
| | 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 Dry Cleaning |
| | | Dry Cleaning |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| \vdash | | |
| | | |
| | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 19/53 Rpt: 41/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| | 03/24/2025 | Dry Clean City |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$19.57 | 1905 TEXOMA PKWY |
| | | |
| | | Sherman, TX 75090 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense |
| | LXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Dry Cleaning |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| _ | Data | |
| | Date 03/17/2025 | Payee name Dry Clean City |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$89.69 | 1905 TEXOMA PKWY |
| | | |
| | | Sherman, TX 75090 |
| | 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 |
| | | Dry Cleaning |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 02/24/2025 | Dry Clean City |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$28.45 | 1905 TEXOMA PKWY |
| | | |
| | | Sherman, TX 75090 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Office Overhead/Rental Expense |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Dry Cleaning |
| L | Operation Children | Overdidate (Office helder and a control of the cont |
| | 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

| | Credit Card Payment | The Instruction Guide explains how to complete this f | (* ** ** *** *** **, ** * *** **, | |
|---|---|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| | Sch: 20/53 Rpt: 42/75 | Luther, Shelley A. (The Honorable) | 00084939 | |
| 4 | Date | 5 Payee name | | |
| | 06/25/2025 | Exxon | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| | \$39.98 | 101 N Cornelius Rd | | |
| | | | | |
| | | Hillsboro, TX 76645 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descrip | | |
| | OF EXPENDITURE | Traver in District | ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense | |
| | | Li one | in in russin, 17, onectional living expense | |
| | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | |
| | expenditure to benefit C/OI | н | | |
| | Date | Payee name | | |
| | 05/19/2025 | GoDaddy | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$116.26 | 100 S Mill Ave | | |
| | | | | |
| | | Tempe, AZ 85281 | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Points Francisco | otion ck if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | T Office Overricus/Nertial Expense | ck if Austin, TX, officeholder living expense | |
| | | Websi | te Hosting | |
| | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held | |
| | | | | |
| | Date | Payee name | | |
| | 01/30/2025 | GoDaddy | | |
| | Amount (\$) \$199.53 | Payee address; City; State; Zip Code 100 S Mill Ave | | |
| | Ψ133.33 | 100 S WIII / WC | | |
| | | Tempe, AZ 85281 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Descrip | otion | |
| | OF EXPENDITURE | Onice Overrieda/Nerital Expense | ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense | |
| | | | te Hosting | |
| | | | - | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | |
| | expenditure to benefit C/OI | Н | | |
| | | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: | |
| | Sch: 21/53 Rpt: 43/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| | 06/23/2025 | Google, LLC |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$530.42 | 1600 Amphitheatre Pkwy |
| | | |
| | | Mountain View, CA 94043 |
| 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 |
| | | App Subscription |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | |
| | | |
| | Date | Payee name |
| | 06/23/2025 | Google, LLC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$43.29 | 1600 Amphitheatre Pkwy |
| | | |
| | | Mountain View, CA 94043 |
| | 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 App Subscription |
| | | App Subscription |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| | Data | |
| | Date 03/28/2025 | Payee name |
| | | Google, LLC |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$162.36 | 1600 Amphitheatre Pkwy |
| | | |
| | | Mountain View, CA 94043 |
| | 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 |
| | | App Subscription |
| | | |
| | 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 Comm

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 22/53 Rpt: 44/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| | 01/21/2025 | Google |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$216.49 | 1600 Amphitheatre Pkwy |
| | | |
| | | Mountain View, CA 94043 |
| 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 App Subscription |
| | | 7 App Gubschiption |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | Date | Payee name |
| | 03/03/2025 | Griesinger, Austin |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | 202 Beaudelaire Dr |
| | | |
| | | Weatherford, TX 76087 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Consulting Fee |
| | | Consulting 1 cc |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| _ | Date | Davies same |
| | 06/16/2025 | Payee name Griffin Communications |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$500.00 | 7111 Harvest Trail Dr |
| | | |
| | | Austin, TX 78736 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Consulting Retainer |
| | | Consulting Netalliel |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

| | Credit Card Payment | The Instruction Guide explains how to comp | | , |
|---|---|---|----|---|
| 1 | Total pages Schedule F1: | · · · · · · · · · · · · · · · · · · · | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 23/53 Rpt: 45/75 | Luther, Shelley A. (The Honorable) | | 00084939 |
| 4 | Date | 5 Payee name | | |
| | 05/06/2025 | Griffin Communications | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |) | |
| | \$500.00 | 7111 Harvest Trail Dr | | |
| | | | | |
| | | Austin, TX 78736 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b |) | Description |
| | OF EXPENDITURE | Consulting Expense | ļ | Check if travel outside of Texas. Complete Schedule T. |
| | LAI LINDITORE | | | Check if Austin, TX, officeholder living expense |
| | | | | Consultant Retainer |
| _ | 0 1 0 0 1 1 1 1 | | | 000 |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sough | It | Office held |
| | | | | |
| | Date | Payee name | | |
| | 04/01/2025 | Griffin Communications | | |
| | Amount (\$) | Payee address; City; State; Zip Code | è | |
| | \$500.00 | 7111 Harvest Trail Dr | | |
| | | | | |
| | | Austin, TX 78736 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b |) | Description |
| | OF EXPENDITURE | Consulting Expense | ļ | Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | | ı | Check if Austin, TX, officeholder living expense |
| | | | | Consultant Retainer |
| | Complete ONLY if direct | Candidate/Officeholder name Office sough | ıt | Office held |
| | expenditure to benefit C/O | | ıı | Office field |
| | Data | | | |
| | Date | Payee name | | |
| | 03/12/2025 | Griffin Communications | | |
| | Amount (\$) | Payee address; City; State; Zip Code | , | |
| | \$500.00 | 7111 Harvest Trail Dr | | |
| | | | | |
| | | Austin, TX 78736 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) |) | Description |
| | OF EXPENDITURE | Consulting Expense | ļ | Check if travel outside of Texas. Complete Schedule T. |
| | | | ı | Check if Austin, TX, officeholder living expense Consultant Retainer |
| | | | | oonsulan relainer |
| | Complete ONLY if direct | Candidate/Officeholder name Office sough | nt | Office held |
| | expenditure to benefit C/Ol | • | | Chiec riciu |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE F1

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: | <u> </u> |
| | Sch: 24/53 Rpt: 46/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| | 02/11/2025 | Griffin Communications |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$500.00 | 7111 Harvest Trail Dr |
| | | |
| | | Austin, TX 78736 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Consulting Expense Check if travel outside of Texas. Complete Schedule T. |
| | LAI LINDITORE | Check if Austin, TX, officeholder living expense |
| | | Consultant Retainer |
| L | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | Date | Payee name |
| | 06/02/2025 | H-E-B |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$347.41 | 1000 E 41st St |
| | | |
| | | Austin, TX 78751 |
| | 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. |
| | ZA ZADITORZ | Check if Austin, TX, officeholder living expense |
| | | Office Consumables |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| _ | Data | |
| | Date | Payee name |
| | 05/27/2025 | H-E-B |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$86.24 | 646 S FLORES ST |
| | | |
| | | San Antonio, TX 78204 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Office Consumables |
| | | Since Consumusies |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · |
| | | |
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| | | |

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 | 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: 25/53 Rpt: 47/75 | Luther, Shelley A. (The Honorable) 00084939 | |
| 4 | Date | 5 Payee name | |
| | 04/25/2025 | H-E-B | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$92.31 | 646 S FLORES ST | |
| | | | |
| | | San Antonio, TX 78204 | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Office Consumables | |
| | | Cindo Consumados | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| 9 | expenditure to benefit C/OI | | |
| \vdash | Data | | |
| | Date | Payee name | |
| | 02/11/2025 | H-E-B | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$74.66 | 646 S FLORES ST | |
| | | | |
| | | San Antonio, TX 78204 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Office Consumables | |
| | | Cine Consumation | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OI | | |
| \vdash | Data | Davies same | |
| | Date | Payee name | |
| | 01/13/2025 | H-E-B | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$247.60 | 1000 E 41st St | |
| | | | |
| | | Austin, TX 78751 | |
| | 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. | |
| | LAI LINDITORE | Check if Austin, TX, officeholder living expense | |
| | | Office Consumables | |
| | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| | | | |
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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: 26/53 Rpt: 48/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| L | 06/17/2025 | HWY 11 Food Mart |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$32.80 | 7868 Hwy 11 |
| | | |
| | | Tom Bean, TX 75489 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Fuel |
| | | 1 461 |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| ľ | expenditure to benefit C/OI | |
| F | Date | Payee name |
| | 06/03/2025 | Hill Country Springs |
| Н | Amount (\$) | Payee address; City; State; Zip Code |
| | \$58.99 | 10019 S I-35 Frontage Rd |
| | | |
| | | Austin, TX 78747 |
| | 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 |
| | | Water Service |
| | | |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| F | Date | Payee name |
| | 05/01/2025 | Hill Country Springs |
| H | Amount (\$) | Payee address; City; State; Zip Code |
| | \$213.95 | 10019 S I-35 Frontage Rd |
| | | |
| | | Austin, TX 78747 |
| | 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. |
| | LXI LINDITORE | Check if Austin, TX, officeholder living expense |
| | | Water Service |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | |
| \vdash | | |
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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: 27/53 Rpt: 49/75 | Luther, Shelley A. (The Honorable) 00084939 | | | |
| 4 | Date | 5 Payee name | | | |
| | 06/06/2025 | Holiday Inn Express | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$206.02 | 1991 N Stagecoach Rd | | | |
| | | | | | |
| | | Salado, TX 76571 | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. | | | |
| | | Check if Austin, TX, officeholder living expense Hotel Stay | | | |
| | | Thotal Glay | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/O | | | | |
| | Date | Payee name | | | |
| | 01/13/2025 | HomeGoods | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$588.79 | 10225 Research Blvd | | | |
| | | | | | |
| | | Austin, TX 78759 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | | | |
| | | Check if Austin, TX, officeholder living expense Office Decoration | | | |
| | | Cilido Docordadon | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/O | 1 | | | |
| | Date | Payee name | | | |
| | 06/26/2025 | HotelTonight | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$128.00 | 888 Brannan St | | | |
| | | | | | |
| | | San Francisco, CA 94103 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. | | | |
| | | Check if Austin, TX, officeholder living expense Hotel Stay | | | |
| | | Hotel Stay | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/O | | | | |
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| | | | | | |
| I | | | | | |

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: 28/53 Rpt: 50/75 | 2 FILER NAME Luther, Shelley A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084939 |
| 4 | Date 06/02/2025 | 5 Payee name III Forks |
| 6 | Amount (\$) \$3,154.95 | 7 Payee address; City; State; Zip Code 111 Lavaca St |
| | | Austin, TX 78701 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate and Staff Meal |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 06/02/2025 | Payee name III Forks |
| | Amount (\$) \$425.86 | Payee address; City; State; Zip Code 111 Lavaca St |
| | | Austin, TX 78701 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate and Staff Meal |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date 01/06/2025 | Payee name III Forks |
| | Amount (\$) \$1,535.67 | Payee address; City; State; Zip Code 111 Lavaca St |
| | | Austin, TX 78701 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate and Staff Meal |
| | 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to com | ple | te this form. |
|---|---|--|-----|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 29/53 Rpt: 51/75 | Luther, Shelley A. (The Honorable) | | 00084939 |
| 4 | Date | 5 Payee name | | · |
| | 02/24/2025 | Mariachi's Fine Mexican | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Cod | е | |
| | \$30.50 | 1909 Texoma Pkwy | | |
| | | #103 | | |
| | | Sherman, TX 75090 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | b) | Description |
| | OF EXPENDITURE | Food/Beverage Expense | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | Candidate and Staff Meal |
| | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office soug | ht | Office held |
| | Date | Payee name | | |
| | 06/10/2025 | Michael's | | |
| | Amount (\$) | Payee address; City; State; Zip Cod | е | |
| | \$507.26 | 3710 Town Center St | | |
| | | | | |
| | | Sherman, TX 75092 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | b) | Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense | | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | | | Office Decorations |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office soug | ht | Office held |
| | expenditure to benefit C/OI | 1 | | |
| | Date | Payee name | | |
| | 06/10/2025 | Michael's | | |
| | Amount (\$) | Payee address; City; State; Zip Cod | е | |
| | \$43.29 | 3710 Town Center St | | |
| | | | | |
| | | Sherman, TX 75092 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) | b) | Description |
| | OF EXPENDITURE | Office Overhead/Rental Expense | | Check if travel outside of Texas. Complete Schedule T. |
| | | | | Check if Austin, TX, officeholder living expense Office Decorations |
| | | | | 255 2.5501415115 |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office soug | ht | 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 Cor 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 | | nmittee Legal Services | morials Expense ion Guide explain | | /ages | /Contract Labor | | Travel Out of Dis OTHER (enter a | strict category not listed ab | ove) |
|----------|--|----------|---|------------------------------------|----------------|-------|--------------------------------|-------|-------------------------------------|----------------------------------|-------------|
| _ | Total manage Coloradula 54 | 1~ | | | | | - | _ | Files ID | (Ethiop Committee) | on Filo::-\ |
| 1 | Total pages Schedule F1: | 2 | | Lanarabla) | | | | 3 | Filer ID | (Ethics Commissi | on Filers) |
| | Sch: 30/53 Rpt: 52/75 | | Luther, Shelley A. (The | = nonorable) | | | | | 00084939 | | |
| 4 | Date | 5 | Payee name | | | | | | | | |
| L | 01/21/2025 | L | Michael's | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee address; City | Stat | e; Zip Co | de | | | | | |
| | \$10.83 | | 3710 Town Center St | | | | | | | | |
| | | | | | | | | | | | |
| | | | Sherman, TX 75092 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories lis | ted at the ton of this so | chedule) | (b) | Description | | | | |
| | OF | | Office Overhead/Rent | | onoud.o, | | Check if travel o | | de of Texas. Com | | |
| | EXPENDITURE | | | • | | | _ | | officeholder living | j expense | |
| | | | | | | | Picture Framin | ng | | | |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | andidate/Officeholder na | me | Office sou | ght | | _ | Office he | eld | |
| L | expenditure to benefit C/OI | n | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 01/21/2025 | | Michael's | | | | | | | | |
| | Amount (\$) | Г | Payee address; City | Stat | e; Zip Co | de | | | | | |
| | \$198.09 | | 3710 Town Center St | | | | | | | | |
| | | | | | | | | | | | |
| | | | Sherman, TX 75092 | | | | | | | | |
| \vdash | PURPOSE | (a) | | | -la - alc da N | (h) | Description | | | | |
| | OF | (۳) | Category (See Categories list Office Overhead/Rent. | | cnedule) | () | | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | omee Overneau/Reni | ii Evheiise | | | = | | officeholder living | | |
| | | | | | | | Picture Framin | ng | | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | | | | | | | | |
| | expenditure to benefit C/O | Н | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 06/24/2025 | | North Texas Toll Auth | ority | | | | | | | |
| | Amount (\$) | \vdash | Payee address; City | Stat | e; Zip Co | de | | | | | |
| | \$20.00 | | 5900 W PLANO PKW | | | | | | | | |
| | ,=3.30 | | | | | | | | | | |
| | | | Plano, TX 75093 | | | | | | | | |
| | DUDDOCT | _ | | | 1 | /h\ | December | | | | |
| | PURPOSE OF | (a) | Category (See Categories list Travel In District | ted at the top of this so | chedule) | (n) | Description Check if travel o | outsi | de of Texas. Com | plete Schedule T. | |
| | EXPENDITURE | | Havel III DISUICI | | | | = | | officeholder living | | |
| | | | | | | | Toll | | | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | | andidate/Officeholder na | me | Office sou | ght | | | Office he | eld | |
| | expenditure to benefit C/OI | Н | | | | | | | | | |
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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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | | | |
|-----|---|--|--|--|--|
| 1 7 | Total pages Schedule F1: | | | | |
| | Sch: 31/53 Rpt: 53/75 | Luther, Shelley A. (The Honorable) 00084939 | | | |
| 4 [| Date | 5 Payee name | | | |
| C | 06/18/2025 | North Texas Toll Authority | | | |
| 6 / | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$20.00 | 5900 W PLANO PKWY S | | | |
| | | | | | |
| | | Plano, TX 75093 | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| _ | OF | Travel In District Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | |
| | | Toll | | | |
| | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | |
| | experialture to beriefft C/Oi | | | | |
| [| Date | Payee name | | | |
| (| 06/18/2025 | North Texas Toll Authority | | | |
| - | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$12.00 | 5900 W PLANO PKWY S | | | |
| | | | | | |
| | | Plano, TX 75093 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF | Travel In District Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | |
| | | Toll | | | |
| | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | |
| | experialitate to benefit 6/01 | <u>'</u> | | | |
| [| Date | Payee name | | | |
| (| 05/19/2025 | North Texas Toll Authority | | | |
| A | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$20.00 | 5900 W PLANO PKWY S | | | |
| | | | | | |
| | | Plano, TX 75093 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | |
| | | Toll | | | |
| | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | |
| | experialitate to periorit G/OTT | | | | |
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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

| | 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: 32/53 Rpt: 54/75 | Luther, Shelley A. (The Honorable) 00084939 | | | |
| 4 | Date | 5 Payee name | | | |
| | 05/05/2025 | North Texas Toll Authority | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$10.00 | 5900 W PLANO PKWY S | | | |
| | | | | | |
| | | Plano, TX 75093 | | | |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. | | | |
| | | Check if Austin, TX, officeholder living expense Toll | | | |
| | | TOIL | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office cought Office hold | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | |
| | | | | | |
| | Date | Payee name | | | |
| | 04/28/2025 | North Texas Toll Authority | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$10.00 | 5900 W PLANO PKWY S | | | |
| | | | | | |
| | | Plano, TX 75093 | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| | | Toll | | | |
| | | Ton | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/O | | | | |
| L | | | | | |
| | Date | Payee name | | | |
| L | 04/22/2025 | North Texas Toll Authority | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$10.00 | 5900 W PLANO PKWY S | | | |
| | | | | | |
| | | Plano, TX 75093 | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. | | | |
| | | Check if Austin, TX, officeholder living expense Toll | | | |
| | | 1 Oii | | | |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office cought Office hold | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | |
| | | | | | |
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| | | | | | |
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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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to comple | ete this form. |
|---|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 33/53 Rpt: 55/75 | Luther, Shelley A. (The Honorable) | 00084939 |
| 4 | Date | 5 Payee name | • |
| | 04/14/2025 | North Texas Toll Authority | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$10.00 | 5900 W PLANO PKWY S | |
| | | | |
| | | Plano, TX 75093 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Travel In District | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITORE | | Check if Austin, TX, officeholder living expense |
| | | | Toll |
| Ļ | 0 1: 01:14 7 1 | | 0.00 |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| _ | | | |
| | Date | Payee name | |
| | 04/14/2025 | North Texas Toll Authority | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$10.00 | 5900 W PLANO PKWY S | |
| | | | |
| | | Plano, TX 75093 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| | OF EXPENDITURE | Travel In District | Check if travel outside of Texas. Complete Schedule T. |
| | | | Check if Austin, TX, officeholder living expense Toll |
| | | | |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | | C.IIGC IIGG |
| | Date | Payee name | |
| | 03/31/2025 | North Texas Toll Authority | |
| | Amount (\$) | • | |
| | \$10.00 | Payee address; City; State; Zip Code 5900 W PLANO PKWY S | |
| | Ψ10.00 | 3300 WILANOTIWITS | |
| | | Diana TV 75002 | |
| | | Plano, TX 75093 | |
| | PURPOSE OF | , , | Description Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Travel In District | Check if Austin, TX, officeholder living expense |
| | | | Toll |
| | | | |
| Г | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/O | 1 | |
| | | | |
| | | | |

SCHEDULE F1

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

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

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

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

| l | 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) |
| l | Sch: 34/53 Rpt: 56/75 | Luther, Shelley A. (The Honorable) | 00084939 |
| 4 | Date | 5 Payee name | |
| | 03/31/2025 | North Texas Toll Authority | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| l | \$10.00 | 5900 W PLANO PKWY S | |
| | | | |
| l | | Plano, TX 75093 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) De | escription |
| | OF EXPENDITURE | Travel In District | Check if travel outside of Texas. Complete Schedule T. |
| | | L To | Check if Austin, TX, officeholder living expense |
| | | ' | JII |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| ľ | expenditure to benefit C/O | | C60 |
| H | Date | Payee name | |
| l | 03/31/2025 | North Texas Toll Authority | |
| ⊢ | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$10.00 | 5900 W PLANO PKWY S | |
| | 720.00 | | |
| | | Plano, TX 75093 | |
| ┝ | PURPOSE | | escription |
| l | OF | (a) Category (See Categories listed at the top of this schedule) Travel In District | Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | | To | oll |
| L | 0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: | | 000 |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought H | Office held |
| ⊨ | | | |
| | Date | Payee name North Toyas Tell Authority | |
| L | 03/17/2025 | North Texas Toll Authority | |
| l | Amount (\$) \$10.00 | Payee address; City; State; Zip Code | |
| l | \$10.00 | 5900 W PLANO PKWY S | |
| l | | Dlaws TV 75000 | |
| L | | Plano, TX 75093 | |
| l | PURPOSE OF | | escription Theck if travel outside of Texas. Complete Schedule T. |
| l | EXPENDITURE | Travel In District | Check if Austin, TX, officeholder living expense |
| l | | | oll |
| | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| L | expenditure to benefit C/Ol | H | |
| | | | |
| | | | |
| | | | |

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) |
| l | Sch: 35/53 Rpt: 57/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| l | 03/03/2025 | North Texas Toll Authority |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| l | \$10.00 | 5900 W PLANO PKWY S |
| l | | |
| | | Plano, TX 75093 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| l | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Toll |
| Ļ | Commists ONII V if diseast | Candidate/Officeholder name Office sought Office held |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | |
| ┡ | | |
| l | Date | Payee name |
| L | 03/03/2025 | North Texas Toll Authority |
| l | Amount (\$) | Payee address; City; State; Zip Code |
| | \$10.00 | 5900 W PLANO PKWY S |
| l | | |
| | | Plano, TX 75093 |
| | 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 |
| l | | Toll |
| | | |
| Г | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| Г | Date | Payee name |
| | 01/17/2025 | North Texas Toll Authority |
| Г | Amount (\$) | Payee address; City; State; Zip Code |
| | \$40.00 | 5900 W PLANO PKWY S |
| l | | |
| | | Plano, TX 75093 |
| Г | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| l | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| l | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Toll |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · |
| \vdash | | |
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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/Politica Credit Card Payment | | Travel Out of District OTHER (enter a category not listed above) |
|---|--|--|--|
| | 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: 36/53 Rpt: 58/75 | Luther, Shelley A. (The Honorable) | 00084939 |
| 4 | Date | 5 Payee name | |
| | 05/28/2025 | O'Neal Visionary | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| U | \$3,000.00 | | |
| | \$5,000.00 | 3821 Juniper Trace | |
| | | Ste 106 | |
| | | Austin, TX 78728 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | outside of Texas. Complete Schedule T. |
| | LXI LINDITORL | | TX, officeholder living expense |
| | | Session Lodg | ling Rent |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | 1 | |
| | Date | Payee name | |
| | 04/03/2025 | O'Neal Visionary | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$3,000.00 | 3821 Juniper Trace | |
| | Ψ0,000.00 | Ste 106 | |
| | | | |
| | | Austin, TX 78728 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | EXPENDITURE | Office Overhead/Nertial Expense | outside of Texas. Complete Schedule T. |
| | | X Check if Austin, Session Lodg | TX, officeholder living expense |
| | | Session Loug | ing Kent |
| | Commission ONII V if direct | Canadidata/Offica haldan nama | Office held |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought | Office held |
| | <u>'</u> | | |
| | Date | Payee name | |
| | 03/10/2025 | O'Neal Visionary | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$3,000.00 | 3821 Juniper Trace | |
| | | Ste 106 | |
| | | Austin, TX 78728 | |
| | DUDDOCE | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Cffice Countries of (Parada Formanda Formanda | outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Office Overficad/Nertial Expense | TX, officeholder living expense |
| | | Session Lodg | |
| | | | · • |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | | Sillos field |
| | | | |
| | | | |
| | | | |

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 | The Instruction Guide explains how to complete this form. | | | |
|---|--|---|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | |
| | Sch: 37/53 Rpt: 59/75 | Luther, Shelley A. (The Honorable) 00084939 | | | |
| 4 | Date | 5 Payee name | | | |
| | 02/06/2025 | O'Neal Visionary | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| | \$2,000.00 | 3821 Juniper Trace | | | |
| | | Ste 106 | | | |
| | | Austin, TX 78728 | | | |
| 8 | 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 Session Lodging Rent | | | |
| | | Session Loughly Nem | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/OI | | | | |
| | Date | Payee name | | | |
| | 06/11/2025 | Office Depot | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$429.48 | 4015 N Hwy 75 | | | |
| | | | | | |
| | | Sherman, TX 75090 | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| | | Office Supplies | | | |
| | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| | expenditure to benefit C/O | | | | |
| | Date | Payee name | | | |
| | 01/07/2025 | Office Depot | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | |
| | \$227.29 | 4015 N Hwy 75 | | | |
| | | | | | |
| | | Sherman, TX 75090 | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | | | |
| | | Check if Austin, TX, officeholder living expense Office Supplies | | | |
| | | Office Supplies | | | |
| _ | 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 Co

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 38/53 Rpt: 60/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| | 06/26/2025 | Phoebe's Diner |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$134.89 | 408 W 11th St |
| | | |
| | | Austin, TX 78701 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Candidate and Staff Meal |
| | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 06/16/2025 | QuickTrip |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$12.86 | 3624 S US Hwy 75 |
| | | |
| | | Sherman, TX 75090 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | | Fuel |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | y |
| | Date | Payee name |
| | 06/13/2025 | QuickTrip |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$24.97 | 3624 S US Hwy 75 |
| | , | |
| | | Sherman, TX 75090 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Fuel |
| | 0 1 0 0 0 0 0 | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |
| | | |
| | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 39/53 Rpt: 61/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| | 06/09/2025 | Quickverse |
| 6 | Amount (\$) \$43.74 | 7 Payee address; City; State; Zip Code 201 S Dewey |
| | | Sherman, TX 75898 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 01/09/2025 | Quickverse |
| | Amount (\$) \$30.85 | Payee address; City; State; Zip Code 201 S Dewey |
| | | Sherman, TX 75898 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fuel |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 01/13/2025 | R&R Discount |
| | Amount (\$) \$952.59 | Payee address; City; State; Zip Code 8557 Research Blvd |
| | | Austin, TX 78758 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Furniture |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|--|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | _ |
| l | Sch: 40/53 Rpt: 62/75 | Luther, Shelley A. (The Honorable) 00084939 | |
| 4 | Date | 5 Payee name | _ |
| l | 01/30/2025 | R&R Discount | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | - |
| l | \$570.00 | 8557 Research Blvd | |
| l | | | |
| l | | Austin, TX 78758 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | - |
| ľ | OF | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. | |
| l | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| l | | Office Furniture | |
| L | | | _ |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| ┕ | | | _ |
| l | Date | Payee name | |
| | 06/16/2025 | Richards, Diana | |
| l | Amount (\$) | Payee address; City; State; Zip Code | |
| l | \$250.00 | 400 Seasons West | |
| l | | | |
| | | Sherman, TX 75092 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| l | OF EXPENDITURE | Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| l | | Campaign Services | |
| | | Campaign Co. Noce | |
| ┝ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | - |
| l | expenditure to benefit C/O | | |
| F | Date | Payee name | = |
| l | 06/30/2025 | Sage Cafe | |
| ⊢ | Amount (\$) | Payee address; City; State; Zip Code | _ |
| l | \$122.98 | 210 W Houston St | |
| l | | | |
| l | | Sherman, TX 75090 | |
| ┝ | PURPOSE | Tu. | _ |
| l | OF | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. | |
| l | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| l | | Candidate and Staff Meal | |
| L | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | |
| L | experientare to beliefft C/O | <u> </u> | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

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

| | Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | |
| | Sch: 41/53 Rpt: 63/75 | Luther, Shelley A. (The Honorable) 00084939 | |
| 4 | Date | 5 Payee name | |
| | 01/13/2025 | Saltgrass Steakhouse | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$92.34 | 10614 Research Blvd | |
| | | | |
| | | Austin, TX 78759 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | | Candidate and Staff Meal | |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/O | Н | |
| | Date | Payee name | |
| | 01/15/2025 | Saltgrass Steakhouse | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$240.94 | 10614 Research Blvd | |
| | | | |
| | | Austin, TX 78759 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Food/Beverage Expense | |
| | EXI ENDITORE | Check if Austin, TX, officeholder living expense Candidate and Staff Meal | |
| | | Candidate and Stail Wear | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| | expenditure to benefit C/OH | | |
| | Date | Payee name | |
| | 01/27/2025 | Sewing 4 U | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$215.42 | 155 S Preston St | |
| | | | |
| | | Van Alstyne, TX 75495 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF | Office Overhead/Rental Expense | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | Tailoring | |
| | Complete ONLY If allows | Condidate/Officeholder name Office south | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held H | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

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: 42/53 Rpt: 64/75 | Luther, Shelley A. (The Honorable) | 00084939 |
| 4 | Date | 5 Payee name | |
| | 05/27/2025 | Skylight | |
| 6 | Amount (\$) \$39.00 | 7 Payee address; City; State; Zip Code 101A Clay St #144 San Francisco, CA 94111 | |
| 8 | PURPOSE OF EXPENDITURE | Onice overneda/Nental Expense | outside of Texas. Complete Schedule T. TX, officeholder living expense ription |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| L | 06/30/2025 | SouthState Bank | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$12.00 | 1101 1st St S Winter Haven, FL 33880 | |
| | PURPOSE OF EXPENDITURE | / ccounting/Banking | outside of Texas. Complete Schedule T. TX, officeholder living expense |
| | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought | Office held |
| | Date | Payee name | |
| | 06/06/2025 | Stagecoach Restaurant | |
| | Amount (\$) \$70.09 | Payee address; City; State; Zip Code 401 S Main St | |
| | | Salado, TX 76751 | |
| | PURPOSE OF EXPENDITURE | 1 dod/beverage Experise | outside of Texas. Complete Schedule T. TX, officeholder living expense d Staff Meal |
| | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought | Office held |
| | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica | The Instruction Guide explains how to complete this form. |
|---|---|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 43/53 Rpt: 65/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| | 02/25/2025 | Texas Conservative Coalition |
| 6 | Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code P.O. Box 2659 Austin, TX 76768 |
| 8 | PURPOSE | |
| 0 | OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) CAUCUS DUES (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dues |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| | Date | Payee name |
| | 04/15/2025 | Texas Ethics Commission |
| | Amount (\$) \$100.00 | Payee address; City; State; Zip Code 201 E 14th St #10 Austin, TX 78701 |
| | 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 Fee |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 03/04/2025 | Texas House Republican Caucus |
| | Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code PO Box 13305 |
| | | Austin, TX 78711 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) CAUCUS DUES (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Caucus Dues |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held H |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 44/53 Rpt: 66/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| | 02/27/2025 | Texas IT Caucus |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$100.00 | 1108 Lavaca Street |
| | | STE 110-701 |
| | | Austin, TX 78701 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | CAUCUS DUES Check if travel outside of Texas. Complete Schedule T. |
| | - | Caucus Dues |
| | | Caucus Dues |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/OI | - · · · · · · · · · · · · · · · · · · · |
| _ | Date | Payee name |
| | 01/10/2025 | Texas Land & Cattle |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$132.66 | 5510 S. IH35 |
| | Ψ132.00 | 3310 3. 11133 |
| | | Austin, TX 78751 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | - | Candidate and Staff Meal |
| | | Candidate and Stail Meal |
| _ | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | - · · · · · · · · · · · · · · · · · · · |
| _ | Date | Payee name |
| | 01/13/2025 | Payee name The Home Depot |
| | | · |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$14.73 | 1200 Barbara Jordan |
| | | |
| | | Austin, TX 78723 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Office Hardware |
| | | Since Hardware |
| - | 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
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

| | The Instruction Guide explains how to complete this form. | | | |
|---|---|--|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| | Sch: 45/53 Rpt: 67/75 | Luther, Shelley A. (The Honorable) | 00084939 | |
| 4 | Date | 5 Payee name | | |
| | 01/15/2025 | The Home Depot | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| | \$45.29 | 1200 Barbara Jordan | | |
| | | | | |
| | | Austin, TX 78723 | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | avel outside of Texas. Complete Schedule T. | |
| | | Check if Au Office Har | ustin, TX, officeholder living expense | |
| | | Office tran | uware | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | |
| ľ | expenditure to benefit C/OI | | Cine held | |
| ┢ | Date | Payee name | | |
| | 04/07/2025 | True Texas Project | | |
| _ | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$250.00 | 3617 Greenbriar Ct | | |
| | Ψ230.00 | 3017 Greenbrial Ct | | |
| | | Collowville, TV 76024 | | |
| | | Colleyville, TX 76034 | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | avel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Event Expense | ustin, TX, officeholder living expense | |
| | | Tickets to | | |
| | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held | |
| | expenditure to benefit C/OI | Н | | |
| | Date | Payee name | | |
| | 04/01/2025 | True Texas Project | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | |
| | \$260.25 | 3617 Greenbriar Ct | | |
| | | | | |
| | | Colleyville, TX 76034 | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| | OF EXPENDITURE | , , , , , , , , , , , , , , , , , , , | avel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | | ustin, TX, officeholder living expense | |
| | | Donation t | to Organization | |
| | 0 1: 0.11.7.7.1. | | 05. | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought H | Office held | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|--|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | |
| | Sch: 46/53 Rpt: 68/75 | Luther, Shelley A. (The Honorable) 00084939 | |
| 4 | Date | 5 Payee name | _ |
| | 01/09/2025 | U-Haul | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | _ |
| | \$104.50 | 2821 W Morton St | |
| | | | |
| | | Denison, TX 75020 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | - |
| | OF EXPENDITURE | Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Expense Check if Austin, TX, officeholder living expense | |
| | | Travel Expense | |
| Ļ | 0 1 0 0 1 1 1 1 | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| ┡ | · | | _ |
| | Date | Payee name | |
| | 05/28/2025 | Uber Eats | _ |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$53.99 | 1725 3rd St | |
| l | | | |
| | | San Francisco, CA 94158 | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| l | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| l | | Candidate and Staff Meal | |
| l | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| | expenditure to benefit C/OI | 1 | |
| F | Date | Payee name | = |
| | 04/25/2025 | Uber Eats | |
| ┝ | Amount (\$) | Payee address; City; State; Zip Code | _ |
| | \$51.72 | 1725 3rd St | |
| l | | | |
| l | | San Francisco, CA 94158 | |
| ⊢ | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ |
| l | OF | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | | Candidate and Staff Meal | |
| L | 0 1. 2 | | _ |
| | 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)

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

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

| | Candidate/Officeholder/Politica Credit Card Payment | Il 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: 47/53 Rpt: 69/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| | 04/17/2025 | Uber Eats |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$179.93 | 1725 3rd St |
| | | |
| | | San Francisco, CA 94158 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Candidate and Staff Meal |
| | | Caradate and Stan Moal |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 04/17/2025 | Uber Eats |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$22.26 | 1725 3rd St |
| | | |
| | | San Francisco, CA 94158 |
| | 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 |
| | | Candidate and Staff Meal |
| | | Canadate and Stan Moal |
| - | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · |
| | Date | Payee name |
| | 02/28/2025 | Uber Eats |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$106.96 | 1725 3rd St |
| | | |
| | | San Francisco, CA 94158 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Candidate and Staff Meal |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · · |
| | | |
| | | |
| | | |

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -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: 48/53 Rpt: 70/75 | Luther, Shelley A. (The Honorable) 00084939 |
| 4 | Date | 5 Payee name |
| | 01/13/2025 | Uber Eats |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$57.57 | 1725 3rd St |
| | | |
| | | San Francisco, CA 94158 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | Candidate and Staff Meal |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | experioration benefit C/Oi | |
| | Date | Payee name |
| | 01/13/2025 | Uber Eats |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$117.84 | 1725 3rd St |
| | 4111.0 1 | 1120 014 01 |
| | | San Francisco, CA 94158 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | LAFENDITORE | Check if Austin, TX, officeholder living expense |
| | | Candidate and Staff Meal |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | Date | Payee name |
| | 06/02/2025 | Uber |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$10.99 | 1725 3rd St |
| | | |
| | | San Francisco, CA 94158 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Travel In District Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | Ride Sharing Fare |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Travel in District Travel Out of District OTHER (enter a category not listed above) |
|---|--|--|---|
| 1 | Total pages Schedule F1: | | Filer ID (Ethics Commission Filers) |
| | Sch: 49/53 Rpt: 71/75 | | 00084939 |
| 4 | Date | 5 Payee name | |
| Ļ | 05/30/2025 | Uber | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$7.99 | 1725 3rd St | |
| | | San Francisco, CA 94158 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Traver in District | de of Texas. Complete Schedule T. officeholder living expense |
| | | Ride Sharing Fa | |
| | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought DH | Office held |
| Т | Date | Payee name | |
| | 05/19/2025 | Uber | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$15.94 | 1725 3rd St | |
| | | | |
| | | San Francisco, CA 94158 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Travel In District Check if travel outside | de of Texas. Complete Schedule T. officeholder living expense |
| | | Ride Sharing Fa | |
| | | | |
| | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Officeholder name Office sought OH | Office held |
| | Date | Payee name | |
| | 05/19/2025 | Uber | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$7.29 | | |
| | | | |
| | | San Francisco, CA 94158 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Travel In District Check if travel outside | de of Texas. Complete Schedule T. |
| | | Check if Austin, TX, Ride Sharing Fa | officeholder living expense |
| | | , tide Sharing Fa | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OF | DH | |
| | | | |
| | | | |
| | | | |

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|----------|-----------------------------|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| | Sch: 50/53 Rpt: 72/75 | Luther, Shelley A. (The Honorable) | 00084939 |
| 4 | Date | 5 Payee name | |
| | 03/19/2025 | Uber | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | |
| | \$21.95 | 1725 3rd St | |
| | | | |
| | | San Francisco, CA 94158 | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | 1 Haver III District | outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| | | Ride Sharing | |
| | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | Н | |
| F | Date | Payee name | |
| | 03/19/2025 | Uber | |
| H | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$15.52 | 1725 3rd St | |
| | | | |
| | | San Francisco, CA 94158 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | 1 Haver in District | outside of Texas. Complete Schedule T. |
| | | Ride Sharing | n, TX, officeholder living expense |
| | | | , |
| ┝ | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | Н | |
| F | Date | Payee name | |
| | 03/13/2025 | Uber | |
| | Amount (\$) | Payee address; City; State; Zip Code | |
| | \$15.52 | 1725 3rd St | |
| | | | |
| | | San Francisco, CA 94158 | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| | OF EXPENDITURE | Havel in District | outside of Texas. Complete Schedule T. |
| | | Ride Sharing | n, TX, officeholder living expense |
| | | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| | expenditure to benefit C/OI | | |
| | | | |
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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: 51/53 Rpt: 73/75 | 2 FILER NAME Luther, Shelley A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00084939 | | | | | |
| 4 | Date | 5 Payee name | | | | | |
| _ | 02/27/2025 | Uber | | | | | |
| ь | Amount (\$) \$10.95 | 7 Payee address; City; State; Zip Code 1725 3rd St San Francisco, CA 94158 | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | |
| | | Ride Sharing Fare | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | |
| | Date 02/26/2025 | Payee name Uber | | | | | |
| | Amount (\$) \$31.94 | Payee address; City; State; Zip Code 1725 3rd St | | | | | |
| | | San Francisco, CA 94158 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ride Sharing Fare | | | | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held | | | | | |
| | Date 02/20/2025 | Payee name Uber | | | | | |
| | Amount (\$) \$15.52 | Payee address; City; State; Zip Code 1725 3rd St | | | | | |
| | | San Francisco, CA 94158 | | | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ride Sharing Fare | | | | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held | | | | | |
| | | | | | | | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

| | Candidate/Officeholder/Politica Credit Card Payment | | | Legal Services | us Expense | Salaries/W | | se s/Contract Labor | | OTHER (enter a | strict i category not listed al | oove) |
|---|--|------------|-----------------|--|-----------------------|-----------------|-----|--------------------------------|-----------|---|------------------------------------|--------------|
| The Instruction Guide explains how to complete this form. | | | | | | | | | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | | | 3 | Filer ID | (Ethics Commiss | sion Filers) |
| | Sch: 52/53 Rpt: 74/75 | | Luther, Shel | ley A. (The Ho | onorable) | | | | | 00084939 | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 02/19/2025 | | Uber | | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addres | s; City; | State; | ; Zip Co | de | | | | | |
| | \$26.63 | | 1725 3rd St | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | San Francis | co, CA 94158 | | | | | | | | |
| 8 | PURPOSE | (a) | Category (Se | e Categories listed a | t the ton of this sch | edule) | (b) | Description | | | | |
| OF | | | Travel In Dis | | t the top of this son | eddic) | | | outsi | de of Texas. Con | plete Schedule T. | |
| | EXPENDITORE | XPENDITURE | | | | _ | | officeholder living | g expense | | | |
| | | | | | | | | Ride Sharing | Fa | re | | |
| | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | | Candidate/Offic | ceholder name | C | Office sou | ght | | | Office h | eld | |
| | | _ | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 02/19/2025 | | Uber | | | | | | | | | |
| | Amount (\$) | | Payee addres | s; City; | State; | ; Zip Co | de | | | | | |
| | \$17.52 | | 1725 3rd St | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | San Francis | co, CA 94158 | | | | | | | | |
| | PURPOSE OF | (a) | Category (Se | e Categories listed a | t the top of this sch | edule) | (b) | Description | | | | |
| | EXPENDITURE | | Travel In Dis | strict | | | | | | de of Texas. Con officeholder living | plete Schedule T. | |
| | | | | | | | | Ride Sharing | | | g expense | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Offic | eholder name | | Office sou | ght | | | Office h | eld | |
| expenditure to benefit C/OH | | | | | | | | | | | | |
| - | Date | Г | Payee name | | | | | | | | | |
| | 01/06/2025 | | Wal-Mart Su | per Center | | | | | | | | |
| | Amount (\$) | | Payee addres | | State: | ; Zip Co | nde | | | | | |
| | \$313.24 | | 900 E 11th S | - | Otato, | , <u>Lip</u> 00 | ·uc | | | | | |
| | 7020.2 | | 000 = === | - | | | | | | | | |
| | | | Austin, TX 7 | 8702 | | | | | | | | |
| | PURPOSE | (0) | | | | 1 | (h) | Description | | | | |
| | OF | (a) | | e Categories listed a nead/Rental E | | edule) | (0) | Description Check if travel of | outsi | de of Texas. Con | nplete Schedule T. | |
| | EXPENDITURE | | Office Over | icaa/Neritai L | хрепас | | | ш | | officeholder living | | |
| | | | | | | | | Office Decor | | | | |
| | | | | | | | | | | | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | | | | | | |
| L | experiancie to benefit O/O/I | | | | | | | | | | | |
| | | | | | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

| | Credit Card Payment | 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: 53/53 Rpt: 75/75 | Luther, Shelley A. (The Honorable) | 00084939 | | | | | |
| 4 | | 5 Payee name | | | | | | |
| | 01/09/2025 | Wal-Mart Super Center | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Cod | е | | | | | |
| | \$283.53 | 401 W US Hwy 82 | | | | | | |
| | | | | | | | | |
| | | Sherman, TX 75092 | | | | | | |
| 8 | PURPOSE | , | b) Description | | | | | |
| | OF EXPENDITURE | Office Overhead/Rental Expense | Check if travel outside of Texas. Complete Schedule T. | | | | | |
| | | | Check if Austin, TX, officeholder living expense Office Supplies | | | | | |
| | | | Cinide duppines | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office soug | nt Office held | | | | | |
| 9 | expenditure to benefit C/O | | it Onice neid | | | | | |
| _ | | | | | | | | |
| | Date | Payee name | | | | | | |
| | 06/13/2025 | Zwiener, Erin | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Cod | e | | | | | |
| | \$42.76 | PO Box 184 | | | | | | |
| | | | | | | | | |
| | | Driftwood, TX 78619 | | | | | | |
| | 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 Committee Gift | | | | | |
| | | | Committee Gilt | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office soug | nt Office held | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OH | | it Office field | | | | | |
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