# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM COR-C/OH

	(Etni	ics Commission Filers	1				OFFIC	E USE ONLY
0005843	5		2	27			Date Received	
CANDIDA		MS / MRS / MR	FIRST			MI	ELECTRON	IICALLY FILED
OFFICEH NAME	OLDER	The Honorable	John				08/04/2025	
		NICKNAME	LAST			SUFFIX	··· <b>I</b>	
			Lujan			III	Date Hand-deliver	ed or Date Postmarked
ORIGINAL		January 15	Runoff		Other (s	pecify)	Date Hand-deliver	ed of Date Postifiarked
REPORT	TYPE	X July 15	Exceeded mo	dified reporting lin	mit		Receipt #	Amount
		30th day before ele		campaign treasu			_	
		8th day before elect	<b>—</b> ··· ·	officeholder only) Attach C/OH-FR)			Date Processed	
ORIGINAI	I DEDIOD	Ш	<u> </u>			Year		
COVERE		Month Day 01/01/2025	Year THROU	Month IGH os	Day /30/2025	real	Date Imaged	
EVDI ANA		CORRECTION		- 00	13012023			
			ution, for which notice v	was provided =	for the rec-	rt was filed T	hic correction :- :	mada within 14 day
AFFIDAVI	IT							
AFFIDAVI	IT			I swear, or affi	rm, under pe	enalty of perjur	y, that this corre	cted report is true
AFFIDAVI	ΙΤ			and correct.	•	, ,	y, that this correc	·
AFFIDAVI	ΙΤ			and correct.  Check the box  Semiani was mad	next to any nual reports le in good fa	and all applicas: I swear, outline	-	original report elead or to
AFFIDAVI	IT			and correct.  Check the box  X Semiani was mac misrepre  X Other re report no that the is swear, o	next to any nual reports le in good fa sent the info ports: I s t later than eport as ori	and all applica s: I swear, o ith and withou ormation conta wear, or affirm the 14th busine ginally filed is i any error or o	able statements: r affirm that the c t an intent to mis ined in the report I, that I am filing t ess day after the naccurate or inco	original report slead or to t. this corrected date I learned
AFFIDAVI	lΤ			and correct.  Check the box  X Semiani was mac misrepre  X Other re report no that the is swear, o	next to any nual reports le in good fa sent the info ports: I s t later than eport as ori r affirm, that made in go	and all applica  I swear, o ith and withou ormation conta wear, or affirm the 14th busin ginally filed is i any error or o od faith.	able statements: r affirm that the c t an intent to mis ined in the report I, that I am filing t ess day after the naccurate or inco	original report slead or to t. this corrected date I learned omplete. I
AFFIDAVI	IT			and correct.  Check the box  X Semiani was mac misrepre  X Other re report no that the is swear, o	next to any nual reports le in good fa sent the info ports: I s t later than eport as ori r affirm, that made in go	and all applica  I swear, o ith and withou ormation conta wear, or affirm the 14th busing ginally filed is i any error or o od faith.  Honorable J	able statements: r affirm that the ct an intent to mis ined in the report n, that I am filing thess day after the naccurate or incomission in the re	original report slead or to t. this corrected date I learned omplete. I port as originally
		AMP / SEAL ABOVE		and correct.  Check the box  X Semiani was mac misrepre  X Other re report no that the is swear, o	next to any nual reports le in good fa sent the info ports: I s t later than eport as ori r affirm, that made in go	and all applica  I swear, o ith and withou ormation conta wear, or affirm the 14th busing ginally filed is i any error or o od faith.  Honorable J	able statements: r affirm that the c t an intent to mis ined in the report t, that I am filing t ess day after the naccurate or inco mission in the re	original report slead or to t. this corrected date I learned omplete. I port as originally
AFFIX N	IOTARY ST			and correct.  Check the box  X Semiani was made misrepree  X Other report not that the is swear, of filed was	next to any nual reports le in good fa sent the info ports: I s t later than eport as ori r affirm, that made in go  The Signatu	and all applica  I swear, o ith and withou ormation conta wear, or affirm the 14th busin ginally filed is i any error or o od faith.  Honorable J re of Candidat	able statements: r affirm that the of t an intent to mis ined in the report n, that I am filing the ess day after the naccurate or incomission in the re ohn Lujan III e or Officeholder	original report elead or to t. this corrected date I learned omplete. I port as originally
AFFIX N	OTARY ST	ribed before me, by th		x Semiani was mac misrepre  X Other re report no that the is swear, o filed was	next to any nual reports le in good fa sent the info ports: I s tt later than report as ori r affirm, that made in go  The Signatu	and all applica  I swear, o ith and withou ormation conta wear, or affirm the 14th busin ginally filed is i any error or o od faith.  Honorable J re of Candidat, this	able statements: r affirm that the of t an intent to mis ined in the report n, that I am filing the ess day after the naccurate or incomission in the re ohn Lujan III e or Officeholder	original report elead or to t. this corrected date I learned omplete. I port as originally
AFFIX N Sworn to	OTARY ST	ribed before me, by th	e said o certify which, witness	x Semiani was mac misrepre  X Other re report no that the is swear, o filed was	next to any nual reports le in good fa sent the info ports: I s t later than eport as ori r affirm, that made in go  The  Signatu	and all applica  I swear, o aith and withou ormation conta wear, or affirm the 14th busing ginally filed is i any error or o od faith.  Honorable J re of Candidat, this	able statements: r affirm that the of t an intent to mis ined in the report n, that I am filing the ess day after the naccurate or incomission in the re ohn Lujan III e or Officeholder	original report elead or to t. this corrected date I learned omplete. I port as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this fo	orm. 1 Filer ID (Ethics Commission F 00058435		<ul><li>2 Total pages filed:</li><li>27</li></ul>
3 CANDIDATE /	MS / MRS / MR FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable John			Date Received
				ELECTRONICALLY FILED
	NICKNAME LAST		SUFFIX	08/04/2025
	Lujan		III	
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #	; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 14479			Receipt # Amount
Change of Address	Con Antonio TV 70214 0470			
Charge of Address	San Antonio, TX 78214-0479			Date Processed
				Date Imaged
5 CAMPAIGN	MS / MRS / MR FIRST		MI	
TREASURER NAME	Mrs. Carolyn	n		
	NICKNAME LAST			
	NICKNAME LAST Waldie		SUFFIX	
	vvalule			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLE	EASE); APT / SU	JITE#; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	2984 South Loop 1604 West			
(Residence or Business)	Con Antonio TV 70204			
	San Antonio, TX 78264			
7 CAMPAIGN	AREA CODE PHONE NUMBE	ER EXTENSION		
TREASURER PHONE	(210) 771-3839			
THONE				
8 REPORT TYPE	□ 30% d	and before also time.	<i>"</i>	154 day after a series to a ser
'''	January 15 30th da	ay before election Runo	"	15th day after campaign treasurer appointment (officeholder only)
	X July 15 8th day	y before election Exce	eded modified	Final Report (Attach C/OH-FR)
		repor	ting limit	'
9 PERIOD	Month Day Year		Month Day	Year
COVERED	01/01/2025	THROUGH	06/30/2025	,
10 ELECTION	ELECTION DATE		ECTION TYPE	
	Month Day Year	χPrimary	Runoff	Other
	03/03/2026	General	Special	
			<b>1</b>	
11 OFFICE	OFFICE HELD (if any)	12	OFFICE SOUGHT (	 (if known)
	State Representative District 118		State Representa	
			· 	
		GO TO PAGE 2		
I				

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

3 of 27

13 C / OH NAME	Lujan III, John (The F	Honorable)	<b>14</b> Filer ID 00058435	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expending These expenditures may have been made withon d officeholders are required to report this informated	ut the candidate's or off	ficeholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME	<u> </u>		
		COMMITTEE CAMPAIGN TREASURER ADDR	RESS		
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	IZED POLITICAL CONTRIBUTIONS (OTHER THES OF LOANS, OR CONTRIBUTIONS MADE EI	HAN PLEDGES, LOANS LECTRONICALLY)	S, <b>\$</b>	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$	12,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	783.51
	4. TOTAL POLITIC	AL EXPENDITURES		\$	41,025.94
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	E LAST DAY OF THE	\$	25,689.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS A ITING PERIOD	AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
		l swear, or affirm, under pena true and correct and includes under Title 15, Election Code	s all information require		
		The ⊔	Ionorable John Lujan	. 111	
			of Candidate or Office		
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		_ day
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of offi	cer administering	Printed name of officer administering	Title of office	cer administeri	ng oath

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

# FORM C/OH COVER SHEET PG 3

			C	OVER SHEET PG 4 of	
l	ER NAM	(Ethics Commission Filers	;)		
		John (The Honorable) E SUBTOTALS	00058435	SUBTOTAL AMOUN	
NA	NAME OF SCHEDULE			SUBTOTAL AMOUN	
1.	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$ 12,50	00.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 25	50.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 41,02	25.94
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$		
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.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$		

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this for	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 5/27	
2	FILER NAME Lujan III, Joh	FILER NAME Lujan III, John (The Honorable)			Filer ID (Ethics Commission 00058435	Filers)
4	Date 06/30/2025	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	51,000.00
_	Duinning Langu	San Antonio, TX 78230	Franks on (Cook baths attended			
8	Engineer	pation / Job title (See Instructions)  9	Employer (See Instructions Pape Dawson	5)		
	Date 06/27/2025	Full name of contributor			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 06/26/2025	Full name of contributor	)		Amount of Contribution (\$)	\$250.00
		Bellaire, TX 77401				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#: Jones, Neal  Contributor address; City; State; Zip Code  Austin, TX 78735	)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 2/2 Rpt: 6/27
2	FILER NAME Lujan III, Joh	nn (The Honorable)		3 Filer ID (Ethics Commission Filers) 00058435
4	Date 06/27/2025	Full name of contributor	C (ID#:)	7 Amount of Contribution (\$) \$5,000.0
		Austin , TX 78701		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructio	ns)
	Date 06/27/2025	Full name of contributor  out-of-state PAC Texas REALTORS PAC (TREPAC)  Contributor address; City; State; Zip Code	C (ID#:)	Amount of Contribution (\$) \$5,000.0
	Principal occu	Austin, TX 78768  upation / Job title (See Instructions)	Employer (See Instructio	ns)

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/27 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lujan III, John (The Honorable) 00058435 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/26/2025 Texas REALTORS PAC (TREPAC) \$250.00 Advertising for Campaign 7 Contributor address; City; State; Zip Code Event Austin, TX 78768 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/20 Rpt: 8/27	Lujan III, John (The Honorable) 00058435
4	Date	5 Payee name
	05/14/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$478.14	410 Terry Ave N,
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
<u>_</u>	Commission ONE V. C. F.	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/25/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$363.48	410 Terry Ave N,
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for Capitol Office
		Supplies for Capitor Office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	06/27/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.71	410 Terry Ave N,
L		Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
		Supplies for Suprior Office
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 2/20 Rpt: 9/27	Lujan III, John (The Honorable) 00058435
4	Date	5 Payee name
	04/28/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$111.33	410 Terry Ave N,
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for Capitol Office
		Supplies for Suprior Since
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	05/15/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.88	410 Terry Ave N,
		Seattle, WA 98109
	PURPOSE	(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
		Supplies for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
	Date	Payee name
	04/28/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.14	410 Terry Ave N,
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/20 Rpt: 10/27	Lujan III, John (The Honorable)	00058435
4	Date	5 Payee name	·
	01/06/2025	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$41.39	410 Terry Ave N,	
		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Supplies for Capitol Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	05/21/2025	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$41.10	410 Terry Ave N,	
		Seattle, WA 98109	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Supplies for Capitol Office
			Cappined for Capital Clines
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	05/16/2025	Amazon	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$36.78	410 Terry Ave N,	
		Seattle, WA 98109	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Supplies for Capitol Office
			Cappined for Capitor Cirioc
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
ı			

#### 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 form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/20 Rpt: 11/27	Lujan III, John (The Honorable) 00058435
4	Date	5 Payee name
	04/10/2025	Amazon
6	Amount (\$) \$36.76	7 Payee address; City; State; Zip Code 410 Terry Ave N, Seattle, WA 98109
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Supplies for Capitol Office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/22/2025	Amazon
	Amount (\$) \$29.12	Payee address; City; State; Zip Code 410 Terry Ave N, Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Supplies for Capitol Office
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/28/2025	Amazon
	Amount (\$) \$20.56	Payee address; City; State; Zip Code 410 Terry Ave N,
		Seattle, WA 98109
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Supplies for Capitol Office
	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 Com

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/20 Rpt: 12/27	Lujan III, John (The Honorable) 00058435
4	Date	5 Payee name
	05/22/2025	Austin Embroidery Co.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$327.50	1834 Ferguson Ln Suite 900
		Austin, TX 78754
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gift for Committee Chair
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/16/2025	Chick Fil A
_	Amount (\$)	Payee address; City; State; Zip Code
	\$331.88	500 E Ben White Blvd, Building B
	Ψ001.00	300 E Ben Wilke Biva, Ballaing B
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Food and Drinks for Meeting to Discuss Officeholder
		Issues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Pausa noma
	02/04/2025	Payee name City of Austin Utilities
		•
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.20	1901 W. William Cannon Drive, Suite 100
		A . ('. TV 70745
		Austin, TX 78745
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expense  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
		Utility Expense for Officeholder Austin Housing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orbits a extension pat listed above)

	Candidate/Officeholder/Politica Credit Card Payment		s/Contract Labor		OTHER (enter a	a category not listed above)
_	T	· · · · · · · · · · · · · · · · · · ·	ete tiiis ioiiii.	_	E''. ID	(Ethio: 0inin Eth.)
1	Total pages Schedule F1:			3	Filer ID	(Ethics Commission Filers)
	Sch: 6/20 Rpt: 13/27	Lujan III, John (The Honorable)			00058435	
4	Date	5 Payee name				
	03/04/2025	City of Austin Utilities				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$112.32	1901 W. William Cannon Drive, Suite 100				
		Austin TV 7074F				
		Austin, TX 78745				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Description			
	EXPENDITURE	Office Overhead/Rental Expense				plete Schedule T.
			_		for Officeholder living	der Austin Housing
			Othity Expens	<b>5</b> C 1	ioi Onicenoi	der Austill Housing
_						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office h	eld
	experiantare to benefit 6/61					
	Date	Payee name				
	04/01/2025	City of Austin Utilities				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$123.66	1901 W. William Cannon Drive, Suite 100				
	¥==3.33					
		Augtin TV 70745				
		Austin, TX 78745				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Description			
	EXPENDITURE	Office Overhead/Rental Expense	ш		ide of Texas. Com	
					for Officeholder living	der Austin Housing
			Othity Expens	JC 1	ioi Onicerioi	der Adstill Flousing
	Operation ONE Wife disease	Occasion to 100 control to 100 contr			Off: I-	-1-1
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought			Office h	ela
	Date	Payee name				
	05/02/2025	City of Austin Utilities				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$88.96	1901 W. William Cannon Drive, Suite 100				
		Austin, TX 78745				
	DUDD005					
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description  Check if traval	outo	ide of Toyon Com	anlata Cahadula T
	EXPENDITURE	Office Overhead/Rental Expense			, officeholder living	nplete Schedule T.
			_			der Austin Housing
	Complete ONLY if direct	Candidate/Officeholder name Office sought			Office he	eld.
	expenditure to benefit C/OI	•			Office III	uu
	•					

#### 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 - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed a Credit Card Payment  The Instruction Guide explains how to complete this form.					
_		<u> </u>				
1	Total pages Schedule F1: Sch: 7/20 Rpt: 14/27	2 FILER NAME Lujan III, John (The Honorable) 3 Filer ID (Ethics Commission Filers) 00058435				
4	Date 06/02/2025	5 Payee name City of Austin Utilities				
_						
6	Amount (\$) \$84.02	7 Payee address; City; State; Zip Code 1901 W. William Cannon Drive, Suite 100  Austin, TX 78745				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
	EXPENDITURE	. Check if Austin, TX, officeholder living expense  Utility Expense for Officeholder Austin Housing				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	03/26/2025	Clayton Spangler Photography				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$549.00	235 Point Lick Drive				
		Charleston , WV 25306				
	PURPOSE 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				
		House Panoramic Photograph for Capitol Office				
		Trouse i anotamie i notograpii loi capitoi cimoc				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	01/13/2025	Constant Contact				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$58.63	1601 Trapelo Road				
		Waltham, MA 02451				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.				
	<b></b>	Check if Austin, TX, officeholder living expense				
		Campaign Email Expense				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					

### SCHEDULE F1

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

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

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

Candidate/Officeholder/Political Committee Credit Card Payment		Salaries/Wages/Contract Labor w to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2 FILE	R NAME		3 Filer ID (Ethics Commission Filers)
	n III, John (The Honorable)		00058435
4 Date 5 Paye	e name		
02/11/2025 Cons	stant Contact		
6 Amount (\$) 7 Paye	e address; City; State;	Zip Code	
\$58.63   1601	L Trapelo Road		
Walt	ham, MA 02451		
8 PURPOSE (a) Cate(	gory (See Categories listed at the top of this sched		
EXPENDITURE Adve	ertising Expense	<del></del>	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			mail Expense
		- Campaign E	тап Едропос
9 Complete ONLY if direct Candid	date/Officeholder name Off	l ice sought	Office held
expenditure to benefit C/OH			
Date Paye	e name		
03/11/2025 Cons	stant Contact		
Amount (\$) Paye	e address; City; State;	Zip Code	
\$58.63 1601	L Trapelo Road		
Walt	ham, MA 02451		
PURPOSE (a) Cate	GOTY (See Categories listed at the top of this sched		
EXPENDITURE Adve	ertising Expense		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		-	mail Expense
		Jampaigi.	a =poco
Complete ONLY if direct Candid	date/Officeholder name Off	ice sought	Office held
expenditure to benefit C/OH		<b>G</b>	
Date Paye	e name		
04/11/2025 Cons	stant Contact		
Amount (\$) Paye	e address; City; State;	Zip Code	
\$58.63 1601	L Trapelo Road		
Walt	ham, MA 02451		
PURPOSE (a) Cate	GOry (See Categories listed at the top of this sched		
OF Adve	ertising Expense		outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense
		Campaign	mail Expense
Complete <u>ONLY</u> if direct Candid	date/Officeholder name Off	ice sought	Office held
expenditure to benefit C/OH	Gate, Officerolater frame Off	ice sought	Office field

#### 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/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: 9/20 Rpt: 16/27	Lujan III, John (The Honorable) 00058435					
4	Date	5 Payee name					
	05/12/2025	Constant Contact					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$58.63	1601 Trapelo Road					
		Waltham, MA 02451					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Campaign Email Expense					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	<del>-</del>					
	Date	Payee name					
	06/11/2025	Constant Contact					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$62.90	1601 Trapelo Road					
		Waltham, MA 02451					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense  Campaign Email Expense					
		Campaigh Email Expense					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Date	Payee name					
	01/09/2025	HEB					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$172.79	20935 U.S. Hwy 281 N					
		San Antonio, TX 78258					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Supplies for Capitol Office					
	Commission ONU Wife allows	Constitute / Office helder name Office accepts					
	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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

	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: 10/20 Rpt: 17/27	Lujan III, John (The Honorable) 00058435
4	Date	5 Payee name
	02/21/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$154.53	20935 U.S. Hwy 281 N
		San Antonio, TX 78258
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
		Cappines for Capital Cities
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
$\vdash$	Date	Davies same
		Payee name
	02/04/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.49	20935 U.S. Hwy 281 N
		San Antonio, TX 78258
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	-	Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	03/10/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$149.02	20935 U.S. Hwy 281 N
		San Antonio, TX 78258
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	<b></b>	Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

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

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

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	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: 11/20 Rpt: 18/27	Lujan III, John (The Honorable) 00058435
4	Date	5 Payee name
	03/21/2025	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.87	20935 U.S. Hwy 281 N
		San Antonio, TX 78258
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
⊨	Date	Payee name
	04/22/2025	HEB
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$116.60	20935 U.S. Hwy 281 N
	Ψ110.00	20303 O.S. Hwy 20114
		San Antonio, TX 78258
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
⊨		
	Date	Payee name
	04/08/2025	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$226.15	20935 U.S. Hwy 281 N
		San Antonio, TX 78258
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Supplies for Capitol Office
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

#### SCHEDULE F1

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

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

Transportation Equipment & Related Expense Travel in District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/20 Rpt: 19/27 Lujan III, John (The Honorable) 00058435 4 Date Payee name 05/12/2025 HEB 6 Amount (\$) Payee address; City; State; Zip Code \$143.39 20935 U.S. Hwy 281 N San Antonio, TX 78258 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies for Capitol Office Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/27/2025 **HEB** Amount (\$) Payee address; City; State; Zip Code \$71.56 20935 U.S. Hwy 281 N San Antonio, TX 78258 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies for Capitol Office Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/06/2025 Amount (\$) Payee address; City: State; Zip Code \$48.11 20935 U.S. Hwy 281 N San Antonio, TX 78258 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies for Capitol Office Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### 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/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: 13/20 Rpt: 20/27	Lujan III, John (The Honorable) 00058435					
4	Date	5 Payee name					
	02/12/2025	Innovation & Technology Caucus of the Texas Legislature					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$250.00	1108 Lavaca Street, Ste 110-701					
		Austin, TX 78701					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Officeholder Caucus Dues					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Payee name					
	01/22/2025	Johnson, Kendall					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$500.00	PO Box 2910					
		Austin, TX 78768					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Campaign Contract Labor					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Dougo nama					
	04/28/2025	Payee name Johnson, Kendall					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$700.00	PO Box 2910					
	Ψ100.00	10 00 2310					
		Austin, TX 78768					
	PURPOSE						
	OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Campaign Contract Labor					
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
	Orange to borion 0/0						

### 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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:						
	Sch: 14/20 Rpt: 21/27	Lujan III, John (The Honorable) 00058435					
4	Date	5 Payee name					
	02/28/2025	Made by Meme					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$955.85	23855 Pleasanton Rd					
		San Antonio, TX 78264					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITORE	Check if Austin, TX, officeholder living expense					
		Campaign Give Away Items					
_							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	01/13/2025	Mexican American Legislative Policy Council					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$750.00	1108 Lavaca St					
		Suite 110-351					
		Austin, TX 78701					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
	LA LABITORE	Check if Austin, TX, officeholder living expense					
		Officeholder Membership Dues					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·					
	Date	Payee name					
	01/31/2025	Murphy Nasica & Associates					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$6,000.00	PO Box 1648					
	φ0,000.00	FO BOX 1040					
		Austin, TX 78767					
		To the state of th					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Design and Placement of Digital Campaign					
		Advertisements - Reported on Prior Sch F2					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	Н					

### 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

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
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: 15/20 Rpt: 22/27	Lujan III, John (The Honorable) 00058435
4	Date	5 Payee name
	04/16/2025	Murphy Nasica & Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7,500.00	PO Box 1648
		Austin, TX 78767
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Consulting Fee - Reported on Prior Sch
		F2 - Partial Payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	06/12/2025	Noor 3 LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,100.00	3715 Las Casitas
		San Antonio, TX 78261
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Office Rental Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
	Date	Payee name
	02/07/2025	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.85	400 Washington Blvd.
		Stamford, CT 06902
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		\[ \textstyle \textstyle \text{Lx] Check if Austin, TX, officeholder living expense} \] Internet Expense for Officeholder Austin Housing
		microst <u>-</u> /parison of Company to the control of th
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
ı		

#### SCHEDULE F1

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

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

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

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Gift/Awards/Memorials Expense			Travel Out of E OTHER (enter	District a category not listed above)					
Ļ					uiue expiailis	HOW IO COL	npie	te uns ioim.	_		(=11. a	
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers	5)
	Sch: 16/20 Rpt: 23/27		Lujan III, Jo	hn (The Honora	ıble)					00058435		
4	Date	5	Payee name									
	03/07/2025		Spectrum									
6	Amount (\$)	7	Payee addres	ss; City;	State:	; Zip Co	de					
	\$40.21		400 Washin	gton Blvd.								
			Stamford, C	T 06902								
8	PURPOSE	(a)		ee Categories listed at t	ho top of this cab	nodulo)	(b)	Description				
	OF	``		head/Rental Ex		iedule)	. ,		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE				,			ш		officeholder livi		
								Internet Expe	ense	e for Office	holder Austin Housing	
L												
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office I	neld	
	expenditure to benefit C/O	H										
	Date		Payee name			_						
	04/07/2025		Spectrum									
	Amount (\$)		Payee addres	ss; City;	State:	; Zip Co	de					
	\$40.21		400 Washin	gton Blvd.								
			Stamford, C	T 06902		<u>.</u>						
	PURPOSE OF	(a)		ee Categories listed at t		nedule)	(b)	Description				
	EXPENDITURE		Office Over	nead/Rental Ex	pense			=			mplete Schedule T.	
											holder Austin Housing	
								torriot Expe	13	o ioi Oilide		
$\vdash$	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	(	Office sou	aht			Office I	neld	
	expenditure to benefit C/O						J			300		
<b>-</b>	Date	Г	Payee name									
	05/07/2025		Spectrum									
		_		Cit ::	Ctata	. Zin O	de					
	Amount (\$)		Payee addres		State	; Zip Co	ue					
	\$40.21		400 Washin	gwn Biva.								
			Stamford, C	T 06902								
	PURPOSE OF	(a)		ee Categories listed at t		nedule)	(b)	Description				
	EXPENDITURE		Office Over	head/Rental Ex	pense			=			mplete Schedule T.	
											holder Austin Housing	
								LAPO				
	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ght			Office I	neld	
	expenditure to benefit C/O						٠٠٠			2.1100 1		

### 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: 17/20 Rpt: 24/27	Lujan III, John (The Honorable) 00058435				
4	Date	5 Payee name				
	06/09/2025	Spectrum				
6	Amount (\$)	7 Payee address; City; State; Zip Code	_			
	\$40.21	400 Washington Blvd.				
		Stamford, CT 06902				
8	PURPOSE 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				
		Internet Expense for Officeholder Austin Housing				
		internet Enperies for a meaning				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-			
	expenditure to benefit C/O					
_	Date	Payee name	=			
	06/02/2025	Stafford, Matthew				
			4			
	Amount (\$)	Payee address; City; State; Zip Code				
	\$750.00	PO Box 2910				
		Austin, TX 78768				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Campaign Contract Labor				
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	$\dashv$			
	expenditure to benefit C/OH					
H	Date	Davies same	=			
	01/28/2025	Payee name Texas Conservative Coalition				
			_			
	Amount (\$)	Payee address; City; State; Zip Code				
	\$2,000.00	PO Box 2659				
		Austin, TX 78768				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Officeholder Membership Dues				
		Omeenolder Wernbership Baes				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
	expenditure to benefit C/O					
			_			

#### SCHEDULE F1

Advertising Expense Event Expense Loan Repayment/Reimbu Accounting/Banking Fees Office Overhead/Rental E Consulting Expense Food/Beverage Expense Polling Expense

Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Candidate/Officeholder/Political Committee

Candidate/Officeholder/Political Committee

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/20 Rpt: 25/27	Lujan III, John (The Honorable) 00058435
4	Date	5 Payee name
	03/04/2025	Texas House Republican Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 13305
		Austin, TX 78711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Officeholder Membership Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
	01/13/2025	The District at SoCo
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$253.95	501 E Oltorf St
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		\times \t
		Nemai Expense for Officeriolaer Austria Tousing
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/13/2025	The District at SoCo
H	Amount (\$)	Payee address; City; State; Zip Code
	\$4,156.69	501 E Oltorf St
	·	
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	X Check if Austin, TX, officeholder living expense
		Rental Expense for Officeholder Austin Housing
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
$\vdash$		
I		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com 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				
_	Total manage Calculate 5	· · · · · · · · · · · · · · · · · · ·			
1	Total pages Schedule F1:				
L	Sch: 19/20 Rpt: 26/27	Lujan III, John (The Honorable) 00058435			
4	Date	5 Payee name			
	03/11/2025	The District at SoCo			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
ľ	\$2,402.50	501 E Oltorf St			
	Ψ2,402.30	301 E OILON St			
		Austin, TX 78704			
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			
		Rental Expense for Officeholder Austin Housing			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
	Date	Payee name			
	04/03/2025	The District at SoCo			
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,333.57	501 E Oltorf St			
	Ψ2,333.31	301 E OILON St			
		Austin, TX 78704			
	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			
		Rental Expense for Officeholder Austin Housing			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
L					
	Date	Payee name			
	05/01/2025	The District at SoCo			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2,273.55	501 E Oltorf St			
	,:				
		Auctin TV 79704			
		Austin, TX 78704			
	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.			
		\times \text{\text{Check if Austin, TX, officeholder living expense}} \text{Rental Expense for Officeholder Austin Housing}			
		Rental Expense for Officendiaer Austria Housing			
	Complete ONII V if direct	Condidate/Officeholder name Office county			
	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

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	/ - al Coi	nmittee	Gift/Awaı Legal Se		Expense		kpense /ages/	e Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	(Ethics Commission File	rs)
	Sch: 20/20 Rpt: 27/27		Lujan III, Jo	hn (Th	e Honora	ble)					00058435		
4	Date	5	Payee name	;									
l	06/02/2025		The Distric	t at So0	Co								
6	Amount (\$)	7	Payee addre	ess;	City;	State	Zip Co	de					
	\$2,281.14		501 E Olto	f St									
l													
			Austin, TX	78704									
8	PURPOSE	(a)	Category (S	ee Catego	ries listed at t	ne top of this sch	edule)	(b)	Description				
l	OF EXPENDITURE			rhead/Rental Expense				Check if travel		de of Texas. Com			
l	EXPENDITURE		·								, officeholder living expense		
l									Rental Exper	ıse	for Officeho	lder Austin Housing	
l													
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	iceholde	er name	C	Office sou	ght			Office he	eld	