CANDIDATE / OFFIC HOLDER **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Elhics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICEHOLDER NAME SUFFIX STATE; ADDRESS / PO BOX: 4 CANDIDATE / 78065 **OFFICEHOLDER** Poleet 860 Coble Rd MAILING ADDRESS Change of Address EXTENSION Date Hand-delivered or Date Postmarked PHONE NUMBER 1 AREA CODE 5 CANDIDATE/ **OFFICEHOLDER** PHONE Amount \$ Receipt # MS / MRS / MR 6 CAMPAIGN **TREASURER** Date Processed IN/ NAME SUFFIX Date Imaged ZIP CODE STATE: REET ADDRESS (NO PO BOX PLEASE); 7 CAMPAIGN 78015 860 Coble Rd Poleet **TREASURER ADDRESS** (Residence or Business) EXTENSION PHONE NUMBER AREA CODE 8 CAMPAIGN TREASURER PHONE 15th day after campaign Runoff 9 REPORT TYPE 30th day before election January 15 treasurer appointment (Officeholder Only) Final Report (Altach C/OH - FR) Exceeded Modified 8th day before election July 15 Reporting Limit 10 PERIOD COVERED Z6 /Z4 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Other Runoff Description Special General 13 OFFICE SOUGHT (if known) OFFICE HELD (If any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION DRLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

FORM C/OH

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CAMPAIGN					- 1511	ia- Cilara\
COH NAME	•			16 Filer I	D (Ethics Commi	ssion Filets)
CONTRIBUTION TOTALS	PLENGES LOANS.	POLITICAL CONTRIBUTION OR GUARANTEES OF LOA MADE ELECTRONICALLY)	ONS (OTHER THAI	N	\$ 6	
	2. TOTAL POLITICAL (OTHER THAN PLEC	CONTRIBUTIONS DGES, LOANS, OR GUARA!	NTEES OF LOANS	i)	\$ 0	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED) POLITICAL EXPENDITUR	Е.		\$ 730	
	4. TOTAL POLITICAL	LEXPENDITURES			\$ 730-	00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF REPORTING PE	CONTRIBUTIONS MAINTAIL	NED AS OF THE LA	AST DAY	\$ 6	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL LAST DAY OF THE	AMOUNT OF ALL OUTSTAN	NDING LOANS AS	OF THE	\$ 6	
	swear, or affirm, under penalty	of periury, that the accomm	panying report is t	rue and co	rrect and include	es all information
18 SIGNATURE I : re	equired to be reported by me und	er Title 15, Election Code.	_ Q	1/1		
			100	1		
		-	Signature of	Candidate	or Officeholder	
			Olginary of			
	Pleas	se complete eithe	r option belo	ow:		•
			•			
(1) Affidavit						
LIGHTARY DTALLD (CE	-A1	•				
NOTARY STAMP/SE	ZAL .					
Sworn to and subscribe	ed before me by		this	the	day of	,
1	ify which, witness my hand and s					
Signature of officer admin	stering oath Prin	ted name of officer administer	ring oath		Title of officer	administering oath
Olympia Toler		OR				
		<u> </u>				
(2) Unsworn Declar	ation					
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My name is	on be/all	7	and my date of bit		7 8/11	115
· · · · · · · · · · · · · · · · · · ·	1 1 1 1		1 1	1 Z /	£ # 1/6,0	
My address is 860	1 Cable Rd				/air 22d2\	(country)
My address is 860	(street)			(state)	• •	(country)
My address is 860	(street) County, State of			(state)	(zip code) , 20 <u>2 4</u> (year)	(country)
My address is 860	(street) County, State of		(city)	Elan	• •	

SUBTOTALS - C/OH

19 F	ILER NAME	20 Filer ID (Ethics Com	mission Filers)
21 S	CHEDULE SUBTOTALS IAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$ 730,00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB	UTIONS RETURNED	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

htributions/Donations Made By	Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wage	se Traver Out of Status. s/Contract Labor Other (enter a category not listed above)
indidate/Officeholder/Political (lit Card Payment	The Instruction Guide explains how to com	
<u> </u>		3 Filer ID (Ethics Commission Filers)
otal pages Schedule F1:	2 FILER NAME	
Date	5 Payee name	ni 1 TV
5/11/24	Plesenton Express /Vens	Plese, In State: Zip Code
2/16/24 Amount (\$)	7 Payee address;	City; State; Zip Code
730.00	114 E Goodning	Placenton IX 78064
7 - 0 10	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		11/1 10 /
OF EXPENDITURE	Advertising Expense	Add in Poper
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office field
Date	Payee name	•
		City; State; Zip Code
Amount (\$)	Payee address;	
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		Description
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		
OF EXPENDITURE		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
O L L ON V if direct	Candidate / Officeholder name	Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/		
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	D. Address	City: State; Zip Code
Amount (\$)	Payee address;	
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•	Catedox A (ase caredours used at the set of the	
PURPOSE OF		
EXPENDITURE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense Office held
Complete ONLY if direct	ct Candidate / Officeholder name	Office sought
expenditure to benefit (C/OH	
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEEDED
\	ATTACH ADDITIONAL COFFES OF THE	Revised 11/1

CANDIDATE / OFFIC HOLDER **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. МΊ OFFICE USE ONLY MS / MRS / MR 3 CANDIDATE/ **OFFICEHOLDER** Date Received COSA CO SUFFIX NAME ZIP CODE STATE: 4 CANDIDATE/ Patect TΧ 78065 OFFICEHOLDER 860 Cable Rd MAILING **ADDRESS** Change of Address **EXTENSION** PHONE NUMBER AREA CODE 5 CANDIDATE/ OFFICEHOLDER Amount \$ PHONE Receipt # FIRST MS / MRS / MRS 6 CAMPAIGN Date Processed TREASURER Inter NAME Date Imaged NICKNAME ZIP CODE STATE: REET ADDRESS (NO PO BOX PLEASE); 78015 TX 7 CAMPAIGN Palect 860 Coble Rd TREASURER **ADDRESS** (Residence or Business) EXTENSION PHONE NUMBER AREA CODE 8 CAMPAIGN TREASURER PHONE 15th day after campaign Runoff 30th day before election treasurer appointment (Officeholder Only) 9 REPORT TYPE January 15 Final Report (Attach C/OH - FR) Exceeded Modified 8th day before election July 15 Reporting Limit Month 10 PERIOD COVERED THROUGH ELECTION TYPE 11 ELECTION Other Runoff Description Day Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

FORM C/OH

CANDIDATE / OFFIC HOLDER CAMPAIGN FINANCE REPORT

	I FINANCE REPOR		16 Filer ID	(Ethics Commissio	n Filers)
C/OH NAME	Inton Lukell				
CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLIS	TICAL CONTRIBUTIONS (OTHER THA ARANTEES OF LOANS, OR LECTRONICALLY)	AN :	1286.0	0
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EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	TICAL EXPENDITURE.		\$ 1683.5	2
	4. TOTAL POLITICAL EXPI	ENDITURES		\$ 1683.5	7
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTR OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE	LAST DAY	\$ 1286.0	00
OUTSTANDING LOAN TOTALS	LAST DAY OF THE REPO			\$ 6	
	swear, or affirm, under penalty of perj	uny that the accompanying report is	s true and cor	rect and includes	all information
SIGNATURE I	swear, or affirm, under penalty of perj required to be reported by me under Title	15 Election Code.			
f	required to be reported by the under Thic		X		
				osti - baldon	
		Signature of	of Candidate	or Officeholder	
				4	
	•	43 In	-1-141		
	Please C	omplete either option be	elow:		
(1) Affidavit					
(1) Alliuavic					
AND CONTAINED	DEA1				
NOTARY STAMP	SEAL			day of	
Owen to and subscr	ibed before me by	tn	11s the	day or	
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20, to c	ertify which, witness my hand and seal of	dilice.			
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Signature of officer adm	inistering oath Printed na	ame of officer administering oath		Title of Billion C	
Signature of officer adm		OR			
(2) Unsworn Decl	_ aration				
(Z) UllSWUTH DECI					
		, and my date o	of birth is		
My name is		-		,	
Mary and droops is				(zip code)	
L BAV ADDILESS IS				(ZIP COGG)	
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	(street)	(5.17)			
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l .	(street)	, on theday of	f (month)		(country)
1	(street)	, on theday of	f (month)	, 20 (year)	(country)

SUBTOTALS - C/OH

		500
ER NAME	20 Filer ID (Ethics Comr	nission Filers)
CHEDULE SUBTOTALS		SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1286,00
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
SCHEDULE E: LOANS		* n 1383.5
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$ 1683,57
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	AL CONTRIBUTIONS	\$
		\$ 300
	FUNDS	\$
		\$
		\$
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR	RIBUTIONS RETURNED	\$
	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL CONTRIBUTIONS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS AND CONTRIBUTIONS.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

		complete this for	m.	1 Total pages Schedule A1:
The Inst	truction Guide explains how to	complete this for		3 Filer ID (Ethics Commission Filers)
TILER NAME	Inten Lukel			7 Amount of contribution (\$)
Date 5	Full name of contributor	out-of-state PAC (IDI	#:)	•
17/44	Clinton Lychoff	City;	State; Zip Code	786.00
6	Son Cable Rd		TX 78015 Employer (See Instruc	
D : - ital engling	tion / Job title (See Instructions)	9	Employer (See Instruc	ctions)
Principal occupa	gor, rees and c			
 -		Out-of-state PAC (I	D#:)	Amount of contribution (\$)
Date	Full name of contributor			~
14/24	Contributor address;	City;	State; Zip Code	500.00
	860 Coble Rd	Potent	TX 78065	
	ation / Job title (See Instructions)	1 OTELO	Employer (See Instru	uctions)
Principal occupa	ation 7 300 time (Sub-Mis			
				.) Amount of contribution (\$)
		☐ aut-of-state PAC	(ID#:	Amount of continuation (4)
Date	Full name of contributor	ut-of-state PAC	(10#:	Amount of continues (4)
Date	Full name of contributor Contributor address;	out-of-state PAC	(ID#:	Amount of continues (4)
	Contributor address;	City;	State; Zip Code	
		City;		
	Contributor address;	City;	State; Zip Code Employer (See Inst	tructions)
	Contributor address;	City;	State; Zip Code	
Principal occu	Contributor address; pation / Job title (See Instructions)	City;	State: Zip Code Employer (See Ins	tructions)
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

ivertising Expense counting/Banking pnsulting Expense ontributions/Donations Made By Candidate/Officeholder/Political	EVENDITURE CATEGORIES FOR BOX Event Expense Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee Legal Services Expendit Expense Food/Beverage Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract The Instruction Guide explains how to complete the	ursement Solicitation/Fundraising Expense Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District ot Labor Other (enter a category not listed above) is form.
Total pages Schedule F4:	2 FILER NAME Cluster Lucket	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT C.	\$ 300.00
1/a/24 Amount (\$)	8 Payee address; 114 E Goodwin	City; State; Zip Code Vescrion TX 78069
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the log of the	check if Austin, TX, officeholder living expense
I1 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office so	ought Office held
Date	Payee name	·
Amount (\$)	Payee address:	City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF	Category (See Calegories listed at the top of this schedule)	Description
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin. TX. officeholder living expense
Complete ONLY if direct expenditure to benefit Complete.	Candidate / Officeriolide Hamo	sought Office netu .

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

information of the second	ition is not applicable, DO NOT in	clude this page in the rep	ort.	
If the requested informa	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	_	\
vertising Expense cunting/Banking isulting Expense htributions/Donations Made By andidate/Officeholder/Polítical Con	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 E Transportation Equipmen Travel In District Travel Out Of District Other (enter a category n	A Kelaled Cxpenso
andidate/Officenoider/Follocoross	The Instruction Guide explains	how to complete this form.		
		<u></u>	3 Filer ID (Ethics C	Offillission i were)
otal pages Schedule F1: 2	Lanten Luche			
)ate	Payer name Housessy County Li	estock Nychian	 State;	Zip Code
/ /3/24 Amount (\$) 7	Payee address; 318 Showbern Rd	Plesculein	1×	78864
700.00		schedule) (b) Description		
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OF EXPENDITURE	Fundraising Expense	N Toscasa Lo	WY WILLIAM BURN	expense
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	Candidate / Officeholder name	Office sought	'	Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Cindons de la constitución de la consti			
Date	Payee name			
1/23/24	3 D S-gL 3 Payee address;	City;	State:	Zip Code
Amount (\$)	SUIS W 2nd St	Somes	et 1X	78064
483.57	Transfer the top of the	ois schedule) Description	<u> </u>	
	Category (See Categories listed at the top of t		1 -	
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				,
Date	Payee name		•	
2/4/24	1 3 D Jigns	C is a	State;	Zip Coda
Amount (\$)	Payee address;	City: Somit		2800
	3 D Signs Payee address; 8015 W 2nd St	Jome		78069
230.00	Category (See Calegories listed at the top	of this schedule) Description	n	
PURPOSE		101	tren Sign	5
OF EXPENDITURE	Adver duing to	71430	c if Austin, TX, officeholder	
	Check if travel outside of Texas. Co	Office so	ught	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder name /OH	·		
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE	AS NEEDED	
		nu athics state.tx.us		Revised 11/15

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CAMPAIGN			 _		To a second seco
The C/OH Instruction Guid	de explains how to c	omplete this form.	1 Filer ID (Eth	lics Commission Filers)	2 Total pages filed:
OFFICEHOLDER NAME	MS/MRS/MR LuckeH NICKNAME	Clinken LAST		MI # SUFFIX	Date Received COUNTY
	ADDRESS / PO BOX; 360 Coble Rd	APT / SUITE #;	city; sta	X 75005	AIN WASS JULY
Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EX.	TENSION	Date Nand To ive C of Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Luche H NICKNAME	C/Inten.		SUFFIX	Date Processed Date Imaged
ADDRESS	STREET ADDRESS (NO.	PO BOX PLEASE); APT /	SUITE #;	Po feet,	STATE; ZIP CODE
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	E)	KTENSION	
9 REPORT TYPE	January 15	30th day befor	_	Runoff Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 23	THROU		/31/2023
11 ELECTION	Month Day	Year	eral Spec	Descripti ial	on
12 OFFICE	OFFICE HELD (If any)		A	Hoscosa C	enstable Pet 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES COMMITTEE TYPE	E OF POLITICAL CONTRIBUTION EHOLDER, THESE EXPENDITION AND OFFICEHOLDERS ARE RICOMMITTEE NAME	ONS ACCEPTED OR P	OLITICAL EXPENDITUR	IES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR LY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN	TREASURER NAM	Ē	
		COMMITTEE CAMPAIGI	N TREASURER ADI	DRESS	
		GO T	TO PAGE 2)	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

		16 Filer ID (Ethics Commission Filers)
CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 3025.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3025.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$2472.88
	4. TOTAL POLITICAL EXPENDITURES	\$2472.88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$
	Signature of 0	Candidate or Officeholder
	Please complete either option belo	ow:
(1) Affidavit	ROSALIA R SOSA NOTARY PUBLIC STATE OF TEXAS ID # 13377949-1 My Comm. Expires 05-24-2026	
NOTARY STAMP/SE	NOTARY PUBLIC STATE OF TEXAS ID # 13377949-1 My Comm. Expires 05-24-2026	he 8th day of January
NOTARY STAMP/SE	NOTARY PUBLIC STATE OF TEXAS ID # 13377949-1 My Comm. Expires 05-24-2026 EAL ed before me by ROSALIA P. SOSA this t	he 8th day of January
NOTARY STAMP/SE	NOTARY PUBLIC STATE OF TEXAS ID # 13377949-1 My Comm. Expires 05-24-2026 EAL ed before me by ROSALIA P. SOSA this to the state of the	NOTARY PUBLIC
NOTARY STAMP/SE Sworn to and subscribe 20 24, to cert	NOTARY PUBLIC STATE OF TEXAS ID # 13377949-1 My Comm. Expires 05-24-2026 EAL ed before me by ROSALIA P. SOSA this to the state of the	J
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Sworn to and subscribe 20	NOTARY PUBLIC STATE OF TEXAS ID # 13377949-1 My Comm. Expires 05-24-2026 EAL ed before me by	NOTAPY PUBLIC Title of officer administering oat th is

SUBTOTALS - C/OH

		incian Filore)
19 FILER NAME	20 Filer ID (Ethics Com	mission Filers)
21 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3025.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ C
4. SCHEDULE E: LOANS		\$ Ø
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$ 2472.88
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		* <i>B</i>
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS	* <i>F</i>
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 6
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F		\$ 6
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$ 9
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL		\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE TO FILER	BUTIONS RETURNED	\$ &

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The l	nstruction Guide explains how to complete this form.	3 Filer ID (Ethics Commission Filers)
FILER NAME	Clinten Luckell	3 Filer ID (Edites Commission Case)
/16/23 ואון 23	5 Full name of contributor out-of-state PAC (ID#:) Clinken Luke# 6 Contributor address; City; State; Zip Code 860 Cohle Nd Polect TX 78065 pation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) 2225.00 tions)
Date 1/27/23	Full name of contributor out-of-state PAC (ID#:) Kelly Lucke# Contributor address; City; State; Zip Code	Amount of contribution (\$)
	19516 Scrnic Leep Rd Helder. TX78023 Employer (See Instru	500.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ctions)
	Full pame of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Date 	Full name of contributor	300.00
	Contributor address; City; State; Zip Code upation / Job title (See Instructions) Employer (See Instructions)	300.00
	Costy Luched Sayder Contributor address; City; State; Zip Code	300.00
Principal occi	Contributor address; City; State; Zip Code upation / Job title (See Instructions) Employer (See Instructions)	300.00 uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

If the requested info	ormation is not applicable, DO NOT Include in		
	EXPENDITURE CATEGORIES FO		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expe y Gift/Awards/Memorials Expense Printing Exp	ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
			3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1:	2 FILER NAME		
4 Date 8/16/23	7 Payee address; 860 Coble NJ	City; Police	- State: 7X Zip Code 78//65
6 Amount (\$)	7 Payee address; 860 Coble Not	Porce	0 /X /8U65
1803.44	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Administra Expenses	Converse Si	1 5ns
EXPENDITURE	Grandate Schedule T	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	OH		
Date	Payee name		
11/11/23	Payee address: 860 Coble Rd	Cibr. 10.1	State; X Zip Code
Amount (\$)	Payee address; 860 Coble Rd	City; Pol-	ref State: TX Zip Code
375.00	this schadule)	Description	
	Category (See Categories listed at the top of this schedule)		_
PURPOSE	Oll France	Filing F	~~
EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.		stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office sought	Office held
	Payee name		
Date			
/2/11/23 Amount (\$)	Clinken Luckell Payee address; 860 Coble Rd	City: Pol	Feet State; TX Zip Code
294.44		Description	
	Category (See Categories listed at the top of this schedule)		
PURPOSE OF EXPENDITURE	Advertising Expense	Canping	n Signs
	Check if travel outside of Texas. Complete Schedule T.		ustin, TX, officeholder living expense
	L Oss - balder name	Office sought	Office held

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name