CANDIDAT CAMPAIGN	E / OFFIC I FINANCE	EHOLDER REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	ulde explains how to	complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 7
3 CANDIDATE/ OFFICEHOLDER	Ms/MRs/MR	FIRST Lucinda	мі А.	OFFICE USE ONLY
NAME	NICKNAME	LAST Vickers	SUFFIX	FEE 2 6 7071
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; P.O. Box 249,	Pleasanton, TX	78064	FES 2 6 2024 7
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date in Carto N Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	FIRST JOE LAST Vickers	MI W. SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N		SUITE #: CITY: 78064	STATE; ZIP CODE
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before	Synaptical Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 26 / 24	THROUGH 2	Day Year / 24 / 24
11 ELECTION	Month Day 3 / 5 /	Year Primar	Description	
12 OFFICE				y, Atascosa County, Texas
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFIC CONSENT. CANDIDATES	E OF POLITICAL CONTRIBUTIO EHOLDER. THESE EXPENDITU AND OFFICEHOLDERS ARE RE	NS ACCEPTED OR POLITICAL EXPENDITURE RES MAY HAVE BEEN MADE WITHOUT THE C QUIRED TO REPORT THIS INFORMATION ONLY	8 MADE BY POLITICAL COMMITTEES TO SUPPORT ANDIDATES OR OFFICENCLES'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S) Additional Pages	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN COMMITTEE CAMPAIGN		
			O PAGE 2	

CAMPAIGN	E / OFFICEHOLDER FINANCE REPORT	OVER SHEET PG 2
C/OH NAME		Filer ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
-	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 59.33
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,151.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D. OF REPORTING PERIOD	\$ 4,384.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	\$ 190,947.63
	Signature of Candi	Wukers date or Officeholder
(1) Affidavit	Signature of Candi Please complete either option below:	date or Officeholder
BROOKE DE NOTARY STATE OF STATE OF STATE OF My Comm. Expires OF 10 My Comm. Expires Signature of officer admini	Please complete either option below: LGADILLO SUBLIC TEXAS 47 Serore me by Mucinda A Viches this the 202-12-2026 thy which, witness my hand and seal of office. Printed name of officer administering oath OR	date or Officeholder
BROOKE DE NOTARY STATE OF STATE OF STATE OF SUBSCRIBE OF TO AND STUBSCRIBE My Comm. Expires To COKE DE Signature of officer admini	Please complete either option below: LGADILLO ENBLIC TEXAS 67 66 fore me by Lucinda A Vickes this the 2 control of the contro	date or Officeholder A day of February Wortary Public Title of officer administering oa
BROOKE DEL STATE OF STATE OF STATE OF STATE OF My Comm. Expires Signature of officer admini	Please complete either option below: LGADILLO SUBLIC TEXAS AT Refrore me by Lacinda A Vickos this the solution wissess my hand and seal of office. Printed name of officer administering cath OR atton and my date of birth is	date or Officeholder Aday of February Wortary Public Title of officer administering ca
BROOKE DEL STATE OF STATE OF STATE OF My Comm. Expires 100 Co. Signature of officer adminitive control of the state of the	Please complete either option below: LGADILLO SIGNATURE CONTROL LEGADILLO TEXAS AT SERICE TEXAS	date or Officeholder Aday of February Wotary Public Title of officer administering ca

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	ILER NAME 20 Filer ID (Ethics of the state o	Commission Filers)
21 S	CHEDULE SUBTOTALS IAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: 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 CONTRIBUTIONS	\$ 2,675.87
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 476.04
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C	рн \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE F1

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

	EXPENDITURE CATEGO	ORIES FO	R BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Poktical	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Overho Polling Exper Printing Expe		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
Credit Card Payment	The Instruction Guide explains	how to cor	nplete this form.			
Total pages Schedule F1:	2 FILER NAME Lucinda A. Vickers			3 Filer ID (Ethic	s Commission Filers)	
1-30-24	5 Payee name Next Level Signs & Designs					
5 Amount (\$)	7 Payee address;		City;	State;	Zip Code	
81.19	1612 W. Oaklawn, Pleasanton	ı, IX 7	8064			
8	(a) Category (See Categories listed at the top of this so	chedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expense		Campaign s	igns		
	(c) Check if travel outside of Texas. Complete Sci	hedule T.	Check if Aus	stin, TX, officeholder livir	ng expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held	
Date	Payee name					
2-1-24	Neel & Partners					
Amount (\$)	Payee address;		City;	State;	Zip Code	
250.00	8601 Ice House Road, Unit	t 701, N	orth Richland	Hills, TX 76	180	
	Category (See Categories listed at the top of this at	chedule)	Description			
PURPOSE OF EXPENDITURE	Consulting Expense		Campaign A	\dvice/Strate(ЭУ 	
	Check if travel outside of Texas. Complete So	chedule T.	Check if Au	ıstin, TX, officeholder liv	ving expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	•	Office sought		Office held	
Date	Payee name					
2-9-24	Our Lady of Grace Catholic S	School				
Amount (\$)	Payee address;		City;	State;	Zip Code	
200.00	626 Market St., Pleasanton,	TX 780	64			
	Category (See Categories listed at the top of this a	schedule)	Description			
PURPOSE OF EXPENDITURE	Contributions/Donations		Event Spon	sorship		
Ì	Check if travel outside of Texas. Complete S	Schedule T.	Check if A	ustin, TX, officeholder liv	ving expense	
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH		Office sought		Office held	
	ATTACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS N	IEEDED		

SCHEDULE F1

If the requested info	rmation is	not applicable, DO NOT is	<u>rclude thi</u>	s page in the re	port.	
		EXPENDITURE CATE				
dvertising Expense counting/Banking onsulting Expense ontributions/Donations Made By Candidate/Officeholder/Political	/ I Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhi Polling Expe Printing Expe Salaries/Way	ense ges/Contract Labor	Solicitation/Fundralsin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
redit Card Payment		The Instruction Guide explain	s how to co	mplete this form.		Constant Silem
Total pages Schedule F1:	2 FILER I	NAME A. Vickers			3 Filer ID (Ethics	Commission Filers)
Date 2-10-24	5 Payeer Our L	ady of Grace Catholic	School			Zin Code
Amount (\$) 600.00	7 Payee 6 626 N	address; Market St., Pleasanton,	TX 780	City; 164	State;	Zip Code
	(a) Categ	Ory (See Categories listed at the top of this	s achedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contri	butions/Donations		Charitable A	Auction Purcha	ises
	(c)	Check if travel outside of Texas, Complete	Schedule T.	Check if Au	stin, TX, officeholder living) expense
Complete ONLY if direct expenditure to benefit C/O	Can	didate / Officeholder name		Office sought		Office held
Date 2-12-2024	Payee Next I	name Level Signs & Designs				
Amount (\$)	Payee	address;		City;	State;	Zip Code
266.30	1612	W. Oaklawn, Pleasant	ton, TX	78064		
	Categ	Ory (See Categories listed at the top of the	s schedule)	Description		
PURPOSE OF EXPENDITURE	Print	ing Expense		Campaign s	signs	
		Check if travel outside of Texas. Complete	e Schedule T.	Check if A	ustin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/		ndidate / Officeholder name		Office sought		Office held
Date		e name				
2-20-24	Jour	danton Chamber of Co	mmerce			7:a Codo
Amount (\$)		e address;		City;	State;	Zip Code
500.00	P.C). Box 747, Jourdanton	, TX 78	026 		
	Cate	gory (See Categories listed at the top of t	his schedule)	Description		
PURPOSE OF EXPENDITURE	Cont	ributions/Donations		Event Spon	sorship 	
Ì		Check if travel outside of Texas. Compl	ete Schedule T.	Check if	Austin, TX, officeholder li	
Complete ONLY if direct expenditure to benefit 0	••	andidate / Officeholder name		Office sough	nt	Office held
		ATTACH ADDITIONAL COP	IES OF TH	S SCHEDULE AS	NEEDED	

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
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees rees 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

	The Instruction Guide explains how to co		3 Filer ID (Ethics C	commission Filers)
Total pages Schedule F1:	2 FILER NAME Lucinda A. Vickers			
Date 2-16-24	5 Payee name i360			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
375.00	2300 Clarendon Blvd, Ste. 800, Arlin	gton, VA 22201	1 	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Other/Database Access	Voter Canvas	sing Data/App)
PURPOSE OF	Other/Database Access			
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
		Office sought		Office held
 Complete <u>ONLY</u> if direct expenditure to benefit C/O 	Candidate / Officeholder name H			
Date	Payee name			
2-23-24	Next Level Signs & Designs			
		City;	State;	Zip Code
Amount (\$)	Payee address;		,	
368.05	1612 W. Oaklawn, Pleasanton, TX 7	8064		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Printing Expense	Campaign sig	gns	
OF				
EXPENDITURE	Check if travel outside of Texas, Complete Schedule T.	Check if Au	stin, TX, officeholder living	axbeuse
·		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH			
Date	Payee name		· · · · · · · · · · · · · · · · · · ·	
ļ				
		City;	State;	Zip Code
Amount (\$)	Payee address;			
1				_
	Category (See Categories listed at the top of this schedule)	Description		
	Calcact A fores on the same and a same and a same same			
PURPOSE				
EXPENDITURE			TV officeholder livi	ng expense
	Check if travel outside of Texas. Complete Schedule T.		ustin, TX, officeholder livi	Office held
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office sought	•	
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS N	NEEDED	
	- Abies state			Revised 8/1

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDITURE CA			en - 11 - 12 - 41 - y - 18 - y	Evnence
vertising Expense counting/Banking nsulting Expense ntributions/Donations Made B andidate/Officeholder/Politics	y al Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overl Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundralsing Transportation Equipme Travel in District Travel Out Of District Other (enter a category)	nt & Related Expense
edit Card Payment		The instruction Guide ex	plains now to co		1	
Total pages Schedule G:	2 FILER N	da A. Vickers			3 Filer ID (Ethics C	ommission Filers)
Date	5 Payee na					
2/19/2024	Dillard	d's	<u> </u>		State;	Zip Code
Amount (\$) 26.02	7 Payee a	ddress; US-281 Access Rd	#900, San	City: Antonio, TX 7	•	,p
Reimbursement from political contributions intended						
	(a) Catego	ry (See Categories listed at the top o	if this schedule)	(b) Description		auction.
PURPOSE OF EXPENDITURE	Contrib	outions/Donations			ed for charitable	
EAFERDITORL	(c)	Check if traval outside of Texas. Comp	plete Schedule T.	Check if Aus	atin, TX, officeholder living ex	
complete <u>ONLY</u> if direct xpenditure to benefit C/OH		didate / Officeholder name		Office sought		Office held
Date	Payeer					
02/20/2024	Jour	danton Chamber of	Commerce		State;	Zip Code
Amount (\$) 226.02 Reimbursement from political contributions		address; Box 747, Jourdanto	on, TX 780	City; 26	3.2.0,	
intended	Cated	ory (See Categories listed at the top	of this schedule)	Description		
PURPOSE OF	1	butions/Donations		<u> </u>	d to charitable a	
EXPENDITURE		Check if travel outside of Texas, Cor	mplete Schedule T.	Check if A	ustin, TX, officeholder living	
Complete ONLY if direct expenditure to benefit Complete C	t .	ndidate / Officeholder name		Office sought		Office held
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
Reimbursement from political contributions intended	'					
PURPOSE OF	Cate	gory (See Categories listed at the to	op of this schedule)	Description		
EXPENDITURE		Check if travel outside of Texas. C	omplete Schedule T.	Check if	Austin, TX, officeholder living	exbeuse
		andidate / Officeholder nam		Office sought		Office held

CANDIDAT CAMPAIGN	E / OFFICE I FINANCE	HOLDER REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction Gu			1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10
CANDIDATE/	MS / MRS / MR	FIRST	мі А.	OFFICE USE ONLY
OFFICEHOLDER	Ms.	Lucinda		Date Received
NAME	NICKNAME	Vickers	SUFFIX	Date Received
CANDIDATE/	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	1/50
OFFICEHOLDER MAILING ADDRESS	P.O. Box 249, I	Pleasanton, TX	78064	A LOVE OF
Change of Address		PHONE NUMBER	EXTENSION	Date Hand delivered or Date Postmarked
OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		Receipt # Arround
	MS / MRS / MR	FIRST	MI	
6 CAMPAIGN TREASURER	Mr.	Joe	W	Date Processed
NAME	NICKNAME	LAST	SUFFIX	Date Imaged
		Vickers		
	STREET ADDRESS (NO	PO BOX PLEASE); APT /	SUITE #; CITY;	STATE; ZIP CODE
7 CAMPAIGN TREASURER ADDRESS		Pleasanton, TX	78064	
(Residence or Business)			EXTENSION	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day befo	re election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before	Keporing Limit	
10 PERIOD	Month	Day Year	Mo	
COVERED	1 /	1 / 24	THROUGH 1	/ 25 / 24
11 ELECTION	ELECTION DAT	E	ELECTION 1	TYPE
TH ELECTION	Month Day	Year Prim	ary Runoff Other Descrip	tion
	3 / 5 /	24 Gen		
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (If	known)
				ey, Atascosa County, Tex RES MADE BY POLITICAL COMMITTEES TO SUPPLE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE E CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OFFICEHOLDER'S KNOWLE
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE CONSENT. CANDIDATES	AND OFFICEHOLDERS ARE F	TURES MAY HAVE BEEN MADE WITHOUT TH REQUIRED TO REPORT THIS INFORMATION OF	RES MADE BY POLITICAL COMMITTEE OF MADE BY POLITICAL COMMITTEE OR OFFICEHOLDER'S KNOWLEDGE OF SUCH EXPENDITURE OF SUCH EXPENDI
55/4////////	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
Manual and a	SPECIFIC	COMMITTEE CAMPAIGN	N TREASURER NAME	
		COMMITTEE CAMPAIG	N TREASURER ADDRESS	
		GO	TO PAGE 2	

CANDIDAT	E / OFFICEHOLDER I FINANCE REPORT	FORM C/OH OVER SHEET PG 2
15 C/OH NAME Lucinda A. Vickers	16 F	ller ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 293.71
	4. TOTAL POLITICAL EXPENDITURES	\$ 83,891.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	\$ 8,059.99
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THI LAST DAY OF THE REPORTING PERIOD	\$ 190,947.63
	Signature of Candid	ate or Omcendider
NOTA STATE S	ify which, witness my hand and seal of office. Delocallo Brooke Delgacillo Intering (at) Printed name of officer administering oath OR ation , and my date of birth is	Title of officer administering oath
Executed in	(street) (city) (sta	te) (zip code) (country), 20 (year)
		te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		20 Filer ID (Ethics Com	miss	sion Filers)
19 FILE		20 1 101 12 (2011)		
Lucino	da A. Vickers	<u> </u>		<u>-</u>
	EDULE SUBTOTALS IE OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS		\$	85,947.63
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$	83,891.35
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	L CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL (CONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB TO FILER	UTIONS RETURNED	\$	0.00

LOANS			SCHEDULE E
If the requested i	nformation is not applicable, DO NOT	Include this page in the rep	ort.
The Ir	struction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
FILER NAME			3 Filer ID (Ethics Commission Filers
Lucinda A. Vic	kers		
TOTAL OF UNI	TEMIZED LOANS		\$
Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
1-9-2024	Lucinda A. Vickers		3280.00
Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate n/a
Institution?	Institution? P.O. Box 249, Pleasanton, TX 78064		11 Maturity date n/a
. •	n / Job title (See instructions)	13 Employer (See Instructions)	
Attorney/County	Attorney	Self/County of Atascosa	a
4 Description of Colla	steral	15 Check if personal fun account (See Instruc	ds were deposited into political tions)
6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
MECKINATION		State; Zip Code	.
✓ not applicable	18 Guarantor address; City;	GIGIE, 219 0000	
O Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
		B PAC (ID#:)	Loan Amount (\$)
Date of loan 1-11-2024	Lucinda A. Vickers		77667.63
ls lender	Lender address; City;	State; Zip Code	Interest rate n/a
a financial Institution?	P.O. Box 249, Pleasanton, T.	X 78064	Maturity date n/a
Principal occupat Attorney/Count	ion / Job title (See Instructions) V Attorney	Employer (See Instructions) Self/County of Atascos	a
Description of Co	·	Check if personal fu	ınds were deposited into political
√none		✓ account (See Instru	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
√not applicabl			
Principal Occupa	ition (See Instructions)	Employer (See Instructions)	
1		1	

SCHEDULE E LOANS If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Lucinda A. Vickers \$ 4 TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) out-of-state PAC (ID#__ 7 Name of lender Date of loan 5000.00 Lucinda A. Vickers 1-18-2024 10 Interest rate State: Zip Code ls lender 8 Lender address: n/a a financial P.O. Box 249, Pleasanton, TX 78064 Institution? 11 Maturity date n/a $\square \vee \square \bowtie$ 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) Self/County of Atascosa Attorney/County Attorney Check if personal funds were deposited into political 14 Description of Collateral account (See Instructions) none 19 Amount Guaranteed (\$) 17 Name of guarantor 16 GUARANTOR INFORMATION State; Zip Code 18 Guarantor address; City: not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) out-of-state PAC (ID#:_ Name of lender Date of loan Interest rate State; Zip Code City; Lender address; is lender a financial Maturity date Institution? Employer (See Instructions) Principal occupation / Job title (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none Amount Guaranteed (\$) Name of guarantor GUARANTOR INFORMATION State; Zlp Code City; Guarantor address: not applicable Employer (See Instructions) Principal Occupation (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Feed Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Salaries/Mages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Others (noter a category not listed above)

Other (enter a category not listed above) Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 3 Filer 1D (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Lucinda A. Vickers 5 Payee name 4 Date Neel & Partners 1-2-2024 Zip Code City; State: 7 Payee address; 6 Amount (\$) 8601 Ice House Drive, Unit 701, North Richland Hills, TX 76180 250.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE Campaign advice/strategy Consulting Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Next Level Signs & Designs 1-8-2024 State: Zip Code City; Payee address; Amount (\$) 1612 W. Oaklawn, Pleasanton, TX 78064 259.80 Category (See Categories listed at the top of this schedule) Description Campaign Signs PURPOSE Printing Expense EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name 1-9-2024 Neel & Partners Zip Code City: Payee address; Amount (\$) 8601 Ice House Drive, Unit 701, North Richland Hills, TX 76180 3280.00 Category (See Categories listed at the top of this schedule) Description Newspaper Ads PURPOSE Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete **ONLY** if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

	rmation is not applicable, DO NOT Incit		
	EXPENDITURE CATEGOR		Solicitation/Fundraising Expense
dvertising Expense coounting/Banking consulting Expense contributions/Donations Made By Candidate/Officeholder/Political redit Card Payment	Face Offi Food/Beverage Expense Poli Gift/Awards/Memorials Expense Pri	in Repayment/Reimbursement ce Overhead/Rental Expense ling Expense aries/Wages/Contract Labor w to complete this form.	Solicitation Fundationing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
			3 Filer ID (Ethics Commission Fliers)
Total pages Schedule F1: 5	Lucinda A. Vickers		
Date 1-12-2024	5 Payee name Neel & Partners		State; Zip Code
Amount (\$)	7 Payee address;	City;	
18,265.23	8601 Ice House Drive, Unit 701		lills, TX 76180
	(a) Category (See Categories listed at the top of this sche		
PURPOSE OF EXPENDITURE	Advertising Expense	Mailer produ	uction/Postage
	(c) Check if travel outside of Texas. Complete Sched	fule T. Check if A	ustin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/O	-		
Date	Payee name		
1-12-2024	Neel & Partners		
Amount (\$)	Payee address;	City;	State; Zip Code
1000.00	8601 Ice House Drive, Unit 70	1, North Richland	Hills, TX 76180
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	Advertising Expense		vices/Social Media
	Check if travel outside of Texas. Complete Scho	edule T. Check if a	Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sough	t Office held
	Payee name		
Date	rayes name		
Date 1-12-2024	Neel & Partners		
1-12-2024	Neel & Partners	City;	State; Zip Code
	Neel & Partners	-	
1-12-2024 Amount (\$)	Neel & Partners Payee address: 8601 Ice House Drive, Unit 70	1, North Richland	Hills, TX 76180
1-12-2024 Amount (\$)	Neel & Partners	1, North Richland	Hills, TX 76180
1-12-2024 Amount (\$) 3702.40 PURPOSE OF	Neel & Partners Payee address: 8601 Ice House Drive, Unit 70 Category (See Categories listed at the top of this so	1, North Richland Description P2P Text	Hills, TX 76180
1-12-2024 Amount (\$) 3702.40 PURPOSE OF	Neel & Partners Payee address; 8601 Ice House Drive, Unit 70 Category (See Categoriea listed at the top of this sci Advertising Expense Check if trevel outside of Texas. Complete Sci	1, North Richland Description P2P Text	Hills, TX 76180 ads f Austin, TX, officeholder living expense

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Consulting Expense Contributions/Donations Made By Polling Expense Food/Beverage Expense Travel Out Of District Printing Expens verde/Memorials Expense Other (enter a category not listed above) s/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Credit Card Paymen The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Lucinda A. Vickers 5 Payee name Neel & Partners 4 Date 1-12-2024 Zip Code State: City; 7 Payee address; 6 Amount (\$) 8601 Ice House Drive, Unit 701, North Richland Hills, TX 76180 15,000.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Radio Ads **Advertising Expense** PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Neel & Partners 1-12-2024 Zip Code City; State: Payee address; Amount (\$) 8601 Ice House Drive, Unit 701, North Richland Hills, TX 76180 15,000.00 Description Category (See Categories listed at the top of this schedule) Banner Ads **PURPOSE** Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Neel & Partners 1-12-2024 Zip Code State; City; Payee address; Amount (\$) 8601 Ice House Drive, Unit 701, North Richland Hills, TX 76180 11,700.00 Description Category (See Categories listed at the top of this schedule) Voter Canvassing PURPOSE Salaries/Wages/Contract Labor OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundralsing Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Transportation Equipment & Related Expense Travel In District Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Lucinda A. Vickers 5 Payee name 4 Date Neel & Partners 1-12-2024 Zip Code City: State: 7 Payee address; 6 Amount (\$) 8601 Ice House Drive, Unit 701, North Richland Hills, TX 76180 2000.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Audio/Video production PURPOSE Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name 1-12-2024 **Neel & Partners** Zip Code State: City; Pavee address; Amount (\$) 8601 Ice House Drive, Unit 701, North Richland Hills, TX 76180 11,000.00 Description Category (See Categories listed at the top of this schedule) OTT/Streaming Ads PURPOSE Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 1-16-2024 i360 Zip Code State: City; Payee address; Amount (\$) 2300 Clarendon Blvd., Ste. 800, Arlington, VA 22201 375.00 Description Category (See Categories listed at the top of this schedule) Voter Canvassing Data PURPOSE Other/Database Access EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

	EXPENDITURE CATEGORIES FO	OR BOX 8(a)	
dvertising Expense counting/Banking onsulting Expense ontributions/Donations Made By Candidate/Officeholder/Political	Fees Office Overh Food/Beverage Expense Git/Awards/Memorials Expense Frinting Expe Salance/Wes	ense gee/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
redit Card Payment	The instruction Guide explains how to co	mplete this form.	
Total pages Schedule F1:	2 FILER NAME Lucinda A. Vickers		3 Filer ID (Ethics Commission Filers)
Date 1-16-2024	5 Payee name Pleasanton Little League		State: Zip Code
Amount (\$) 500.00	P.O. Box 307, Pleasanton, TX 7806	City;	State; Zip Code
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contributions/Donations	Season Spor	nsorship
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	itin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
1-19-2024	Next Level Signs & Designs		
Amount (\$)	Payee address;	City;	State; Zip Code
265.21	1612 W. Oaklawn, Pleasanton, TX	78064	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expense	Campaign	Signs
	Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
1-24-2024	PHS Softball Home Run Booster Clu	ıb <u></u> -	
Amount (\$)	Payee address;	City;	State; Zip Code
1000.00	831 Stadium Dr., Pleasanton, TX 78	3064	
	Category (See Categories listed at the top of this schedule)	Description	
	Contributions/Donations	Event Spor	nsorship
PURPOSE OF EXPENDITURE	Contributions Bondaione		
OF		Check if /	Austin, TX, officeholder living expense
OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if /	Office hold

CAMPAIG	N FINANCE	REPURI				SHEET PG
The C/OH Instruction G	uide explains how to	complete this form.	1 Filer ID (Ethics Cor	nmission Filers)	2 Total pag	es filed:
CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST Lucinda		мі А.	OFF	ICE USE ONLY
NAME	NICKNAME	LAST Vickers		SUFFIX	Date Received	COUNTY
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; P.O. Box 249,	APT / SUITE #; Pleasanton, T	CITY; STATE; . X 78064	ZIP CODE	Date Received	
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSIO		Date Hand-de	ivered or Pala Portmarke
CAMPAIGN TREASURER NAME	MS/MRS/MR Mr.	Joe		W. SUFFIX	Date Process	ad
	NICKNAME	Vickers	0776		Date Imaged	TE: ZIP CODE
CAMPAIGN TREASURER ADDRESS	l e	O PO BOX PLEASE); AP	T / SUITE #; CITY; X 78064		514	TE, ZIF GODE
CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSI	 ИС	· ·	
REPORT TYPE	January 15	30th day be	efore election Rur		trea (Off	n day after campaign surer appointment iceholder Only)
	July 15	8th day befo	are election	eeded Modified orting Limit		al Report (Attach C/OH - FR)
PERIOD COVERED	Month 7	Day Year 20 / 23	THROUGH	12		Year / 23
ELECTION	ELECTION DA	Year Pri	imany Runoff eneral Special	Other Description		
	3 / 5 /	<u>24</u>		COLIDIT (Sin		
2 OFFICE	_		nty, Texas County		, Atascos	
4 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATE:	CEHOLDER. THESE EXPEND S AND OFFICEHOLDERS ARE	ITIONS ACCEPTED OR POLITICAL DITURES MAY HAVE BEEN MADE REQUIRED TO REPORT THIS INF	EXPENDITURES WITHOUT THE CORMATION ONLY	MADE BY POLITI ANDIDATE'S OR OF IF THEY RECEIVE N	CAL COMMITTEES TO SUP- FICEHOLDER'S KNOWLEDG IOTICE OF SUCH EXPENDITL
COMMINIT LEE(Q)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIG	GN TREASURER NAME			
			GN TREASURER ADDRESS			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Lucinda A. Vickers		1	6 Filer ID((Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,400.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	1,343.16
	4.	TOTAL POLITICAL EXPENDITURES	\$	134,378.16
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$	4,307.08
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	105,000.00
	<u> </u>			

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

NOTARY STATE OF	PUBLIC F TEXAS 44786-1 =5 02-12-2026			 L	.h	
Sworn to and subscribed	before me by Lucincla	A. Vicker	<u> </u>	the	day of 1	anoary.
20 24 to certify Poock D		ice. OKeDelga of officer administerin			- •	Public radministering oath
		OR				
(2) Unsworn Declarati	on					
My name is		, and	d my date of bi	irth is		
My address is			1-16-A			(country)
	(street)		(city)	(state)	(zip code)	
Executed in	County, State of	, on the	day of	month)	, 20 (year)	- *
			Signature of	Candidate/Of	ficeholder (Dec	darant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		20 Filer ID (Ethics Commi	ssic	on Filers)
19 FILER	A. Vickers			,
21 SCHEI	DULE SUBTOTALS OF SCHEDULE			SUBTOTAL AMOUNT
1.	TO A CONTRIBUTIONS	3	5	1,150.00
2. ■	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		5	250.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS		\$ 1	105,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$	101,842.92
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	15,405.53
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$	16,624.71
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A		\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO		\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER		\$	0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The li	struction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
FILER NAME	/ickers		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PA Robert Herrera	C (ID#:)	7 Amount of contribution (\$)
9/21/2023	6 Contributor address; city: 1214 Oak St., Jourdantor	State: Zip Code 1, TX 78206	200.00
Principal occup Private Investi	ation / Job title (See Instructions)	9 Employer (See Instruct Candid Investigation	
Date	Full name of contributor out-of-state P/	AC (ID#:)	Amount of contribution (\$)
08/30/2023	Patrick J. Filyk Contributor address; City; 8118 Datapoint Dr., San Ant	State: Zip Code	100.00
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instruc Self	tions)
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)
10/19/2023	Susan Samsel Contributor address; City; 89 Pulliam Dr., Pleasanto	State; Zip Code on, TX 78064	300.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
11/02/2023	Stacy Irons Contributor address; City; 3336 Monarch, San Anto	State; Zip Code	250.00
		7110, IX 10200	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to	Combine m		
FILER NAME Lucinda	a A. Vickers			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Ledger C. Vickers		AC (ID#:	7 Amount of contribution (\$)
11-3-2023	6 Contributor address; 941 Tank Hollow Rd., F	City;	State; Zip Code	300.00
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instr n/a	uctions)
Date	Full name of contributor	out-of-state f	PAC (ID#:	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Inst	ructions)
Principal occu	Full name of contributor		PAC (ID#:	T
			PAC (ID#:	T
Date	Full name of contributor		PAC (ID#:	Amount of contribution (\$)
Date	Full name of contributor Contributor address;	City;	PAC (ID#:State; Zip Code	Amount of contribution (\$)
Date Principal occ	Full name of contributor Contributor address; upation / Job title (See Instructions) Full name of contributor	City;	PAC (ID#:	Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Solution Solution	Th	ne Instruction Guide explains how to complete this form	•	1 Total pages Schedule A2:		
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS State Total State State			-	3 Filer ID (Ethics Co	mmission Filers)	
Woodrow W. Wilson 7 Contributor address; City; State; Zip Code 312 Mitch Thomas Rd., Pleasanton, TX 78064 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Owner/Partner 2 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's principal occupation (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) Date Full name of contributor Contributor address; City; State; Zip Code Principal occupation (FOR NON-JUDICIAL) Employer (FOR NON-JUDICIAL) Amount of Contributor's principal occupation (FOR JUDICIAL) Contributor's contributor address; City; State; Zip Code Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)			BUTIONS	\$		
7 Contributor address; City; State; Zip Code 312 Mitch Thomas Rd., Pleasanton, TX 78064 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) 11 Employer (FOR NON-JUDICIAL) (See Instructions) Moore Bit Service 2 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 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) Date Full name of contributor Contributor address; City; State; Zip Code Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Date	Woodrow W. Wilson		Contribution \$	l	
O Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Owner/Partner Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instructions) Moore Bit Service 13 Contributor's job title (FOR JUDICIAL) (See Instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) Date Full name of contributor Full name of contributor Contributor address; City; State; Zip Code Check if travel outside of Texas, Complete Sci Contributor's principal occupation (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's pob title (FOR JUDICIAL) (See Instructions) Contributor's pob title (FOR JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)	/8/2023	7 Contributor address; City; State;	•	200.00	· ·	
2 Contributor's principal occupation (FOR JUDICIAL) 4 Contributor's employer/law firm (FOR JUDICIAL) 5 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 6 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Sci Contributor's principal occupation / Job title (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)		cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ Moore E	er (FOR NON-JUDICI Bit Service	AL)(See Instructions)	
Date Full name of contributor Contributor address; City: State; Zip Code Check if travel outside of Texas, Complete Sci Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)			13 Contrib	utor's job title (FOR J	JDICIAL) (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution \$ In-kind contribution description	I4 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law fir	m of contributor's spor	use (if any) (FOR JUDICIAL)	
Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Sci Contributor's principal occupation (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)	6 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>			
Check if travel outside of Texas. Complete Sci Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Date	Full name of contributor			In-kind contribution description	
Contributor's principal occupation (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)		Contributor address; City; State;	Zip Code	Check if travel out	 	
Contributor's principal occupation (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)	Principal o	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Emplo	yer (FOR NON-JUDIO	CIAL)(See Instructions)	
Contributor's employer/law limit (1 GY Coolies L)	Contributo	or's principal occupation (FOR JUDICIAL)	Contri	butor's job title (FOR .	JUDICIAL) (See Instructions)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	Contributo	or's employer/law firm (FOR JUDICIAL)	Law f	irm of contributor's spo	ouse (if any) (FOR JUDICIAL)	
	If contribu	itor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE E LOANS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Lucinda A. Vickers TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) out-of-state PAC (ID#:_ 7 Name of lender Date of loan 25,000.00 08/04/2023 Lucinda A. Vickers 10 Interest rate State; Zip Code 6 is lender 8 Lender address; 0.00 a financial P.O. Box 249, Pleasanton, TX 78064 Institution? 11 Maturity date n/a 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) Self/County of Atascosa Attorney/County Attorney 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 19 Amount Guaranteed (\$) 17 Name of guarantor 16 GUARANTOR INFORMATION Zip Code State; City; 18 Guarantor address; not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Name of lender out-of-state PAC (ID#:_ Date of loan 60.000.00 09/28/2023 Lucinda A. Vickers Interest rate State; Zip Code Lender address; City: ls lender 0.00 a financial P.O. Box 249, Pleasanton, TX 78064 Maturity date Institution? n/a Employer (See Instructions) Principal occupation / Job title (See Instructions) Self/County of Atascosa Attorney/County Attorney Check if personal funds were deposited into political Description of Collateral account (See Instructions) 🗶 попе Amount Guaranteed (\$) Name of guarantor GUARANTOR INFORMATION State: Zip Code City; Guarantor address: X not applicable Employer (See Instructions) Principal Occupation (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

LOANS SCHEDULE E

The l	nstruction Guide explains how to comple	te this form.	1 Total pages Schedule E:
FILER NAME	<u> </u>		3 Filer ID (Ethics Commission Filers)
Lucinda A. Vic	kers		
<u> </u>			_
TOTAL OF UN	ITEMIZED LOANS		\$
Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
10/4/2023	Lucinda A. Vickers		10,000.00
Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate
a financial	P.O. Box 249, Pleasanton	TX 78064	
Institution?	, .O. DOX 270, 1 loadamen	, -,	11 Maturity date n/a
YXN		140 - 1 10 11 11	IVa
	on / Job title (See Instructions)	13 Employer (See Instructions) Self/County of Atas	cosa
Attorney/Co	unty Attorney	<u></u>	
4 Description of Coll	ateral	Check if personal fun	ds were deposited into political
X none		▼ account (See Instruc	1
6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
	10 Guarantoi addiess,		
X not applicable			
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
Date of loan 11/20/2023	Lucinda A. Vickers		10,000.00
11/20/2023	Euchida 71. Violoto		Interest rate
is lender	Lender address; City;	State; Zip Code	0
a financial Institution?	P.O. Box 249, Pleasanton, T	X 78064	Maturity date
☐ y 🛛 N			n/a
	ion / Job title (See Instructions)	Employer (See Instructions)	
Dringing course	1011 / 000 000 (000 113000000)	Self/County of Atasc	osa
Principal occupate Attorney/Cou	inty Attorney	Ocin County of A Marco	
Attorney/Cou			nds were deposited into political
Attorney/Cou			nds were deposited into political ctions)
Attorney/Cou	liateral	Check if personal fu	
Attorney/Cou		Check if personal fu	ctions)
Attorney/Cou Description of Co Xnone	liateral	Check if personal fu	ctions)
Attorney/Cou Description of Co Xnone	Name of guarantor Guarantor address; City;	Check if personal fu	ctions)
Attorney/Col Description of Co Xnone GUARANTOR INFORMATION Xnot applicable	Name of guarantor Guarantor address; City;	Check if personal fu	Amount Guaranteed (\$)

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
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 Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/W The Instruction Guide explains how to c	ages/ContractLabor	Other (enter a categor)	/ not listed above)
Total pages Schedule F1:			3 Filer ID (Ethics	Commission Filers)
21	Lucinda A. Vickers			
Date	5 Payee name			
08/15/2023	Harland Clarke	City;	State;	Zip Code
Amount (\$)	7 Payee address;	-	,	·
40.33	15955 La Cantera Pkwy., San Antoni	o, 1X 78256		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Accounting/Banking	Printed check	S	
	(c) Check it travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
08/29/2023	Neel & Partners			
Amount (\$)	Payee address;	City;	State;	Zip Code
4,300.00	8601 Ice House Drive, Unit 701, Nor	th Richland Hill	s, TX 76180	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSÉ OF EXPENDITURE	Advertising Expense	Media creation	on/production	(Photo/video)
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/01/2023	Neel & Partners			
Amount (\$)	Payee address;	City;	State;	Zip Code
250.00	8601 Ice House Drive, Unit 701, No	th Richland Hil	ls, TX 76180	
	Category (See Categories listed at the top of this schedule)	Description	•	
PURPOSE OF EXPENDITURE	Consulting Expense	Campaign ac	dvice/strategy	
	Check if travel outside of Texas, Complete Schedule T.	Check if A	ustin, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS N	IEEDED	
I	VI (UAITURALITATION ATT. 100 ATT. 11)			

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 Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense 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 (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Lucinda A. Vickers 5 Payee name 4 Date St. Ignatius Catholic Church 9-3-2023 State: Zip Code City; 6 Amount (\$) 7 Payee address; 101 West Ave. G, Christine, TX 78012 425.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Church Auction purchases Contributions/Donations **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Bigfoot Volunteer Fire Dept. 9/5/2023 Zip Code State; City; Payee address; Amount (\$) P.O. Box 34, Bigfoot, TX 78005 250.00 Description Category (See Categories listed at the top of this schedule) Event Sponsorship Contributions/Donations PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Rossville Historical Community Assn. 9-5-2023 State: Zip Code City; Payee address; Amount (\$) 515 FM 2504, Poteet, TX, 78205 500.00 Description Category (See Categories listed at the top of this schedule) Event Sponsorship PURPOSE Contributions/Donations **OF** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/V The Instruction Guide explains how to c	ages/Contract Labor omplete this form.	Other (enter a categor	y not listed above)
Total pages Schedule F1:	2 FILER NAME Lucinda A. Vickers		3 Filer ID (Ethics	Commission Filers)
Date 9/5/2023	5 Payee name Pleasanton ISD Educational Founda	tion		
3 Amount (\$)	P.O. Box 1016, Pleasanton, TX 780	City;	State;	Zip Code
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donations/Contributions	Event Spons	orship	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
9/6/2023	The Happy Dudes			
Amount (\$) 394.81	Payee address; 2132 2nd Street, Pleasanton, TX 78	City; 064	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description	-	
PURPOSE OF EXPENDITURE	Advertising Expense	Custom T-St	nirts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	-	Office held
Date	Payee name			
9-7-2023	Poteet Lions Strawberry City Found	ation		
Amount (\$)	Payee address;	City;	State;	Zip Code
350.00	P.O. Box 1507, Poteet, TX 78065			
PURPOSE OF	Category (See Categories listed at the top of this schedule) Donations/Contributions	Description Event Spons	sorship	
EXPENDITURE		A. 1.77		Parenya na
Complete ONLY if direct		Office sought	ustin, TX, officeholder livin	Office held
expenditure to benefit C/				
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS N	EEDED 	
	years othics state t	v ne		Revised 8/17

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
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 Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Lucinda A. Vickers 5 Payee name ⁴ 引勃2023 Poteet Rotary Club Zip Code State: City: 7 Payee address; 6 Amount (\$) 9199 N. State Hwy 16, Poteet, TX 78065 1000.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **Event Sponsorship** Contributions/Donations PURPOSE **OF** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date PHS Strike Zone Booster Club 9/11/2023 Zip Code State: City: Payee address; Amount (\$) 831 Stadium Drive, Pleasanton, TX 78064 150.00 Description Category (See Categories listed at the top of this schedule) Event Sponsorship Contributions/Donations **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Constable Percy Medina Memorial Scholarship Fund 9/11/2023 State; Zip Code City; Payee address; Amount (\$) 1853 Verdi Rd., Pleasanton, TX 78064 2500.00 Category (See Categories listed at the top of this schedule) Description Event Sponsorship Contributions/Donations PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

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

consulting Expense contributions/Donations Made By Candidate/Officeholder/Political		Gift/Awards/Memorials Expense Legal Services	Printing Expension Salaries/Wat		Travel Out Of District Other (enter a categor	
redit Card Payment	Committee	The Instruction Guide explai	ins how to cor	mplete this form.		
Total pages Schedule F1:	2 FILER N	IAME A. Vickers			3 Filer ID (Ethics	Commission Filers)
Date	5 Payeen					
9/11/2023	Atasco	osa County Troupe				
Amount (\$)	7 Payee a			City;	State;	Zip Code
300.00	1435 W.	Oaklawn Rd., Pleasa	anton, TX	78064		
-	(a) Catego	ory (See Categories listed at the top of th	is schedule)	(b) Description		
PURPOSE	Contrib	outions/Donations		Event Spons	orship	
OF			ľ			
EXPENDITURE	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OI		idate / Officeholder name		Office sought		Office held
Date	Payee	name				
9/12/2023	1	Partners				
Amount (\$)	Pavee	address;		City;	State;	Zip Code
	8601 1	ce House Drive, Unit 7	701. Nortl	h Richland Hill	s, TX 76180	
553.10	50011	Je 110030 B1100, 01111	01,71070		<u>, </u>	
,	Catego	Ory (See Categories listed at the top of th	is schedule)	Description		
PURPOSE OF EXPENDITURE	Printin	g Expense		Magnetic Sig	gns/Cards	
		Check if travel outside of Texas. Complete	te Schedule T.	Check if Au	stin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/C		didate / Officeholder name		Office sought		Office held
Date 9/12/2023		name t VFW Auxilary				
Amount (\$)	Payee	address;		City;	State;	Zip Code
300.00	9655 9	State Hwy. 16, Poteet,	TX 7806	5		
	Categ	Ory (See Categories listed at the top of t	his schedule)	Description		
PURPOSE OF EXPENDITURE	Contril	outions/Donations		Event Spon	sorship	
		Check if travel outside of Texas. Comple	ete Schedule T.	Check if A	ustin, TX, officeholder liv	
Complete <u>ONLY</u> if direct expenditure to benefit C/		didate / Officeholder name		Office sought		Office held
		ATTACH ADDITIONAL COP	ES OF THIS	S SCHEDULE AS N	IEEDED	
	ОН					Office he

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
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 Salarias Manas/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment		ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Lucinda A. Vickers	•	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
09/15/2023	City of Poteet			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
500.00	P.O. Box 378, Poteet, TX 78065			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contributions/Donations	Event Sponsorship		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		·	
09/18/2023	Neel & Partners			
Amount (\$)	Payee address;	City;	State; Zip Code	
202.00	8601 Ice House Drive, Unit 701, Nor	th Richland Hills	s, TX 76180	
<u> </u>	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Cards		
	Check if travel outside of Texas. Complete Schedule T.	edule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
09/18/2023	I 360			
Amount (\$)	Payee address;	City;	State; Zip Code	
375.00	2300 Clarendon Blvd., Ste. 800, Arlin	ngton, VA 22201	1	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Other/Database Access	Voter Canvas	sing Data	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Event Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Transportation Equipment & Related Expense Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expe Polling Expense Travel In District Consulting Expense Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Mages/Contract Labor Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Lucinda A. Vickers 5 Payee name 4 Date Neel & Partners 09/20/2023 Zip Code City; State; 7 Pavee address; 6 Amount (\$) 8601 Ice House Drive, Unit 701, North Richland Hills, TX 76180 5,405.00 (b) Description (a) Category (See Categories listed at the top of this schedule) Campaign Signs **PURPOSE Printing Expense** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date St. Matthew's Catholic Church 09/24/2023 Zip Code City: State: Payee address; Amount (\$) 1608 Campbell Ave., Jourdanton, TX 78026 1,265.00 Category (See Categories listed at the top of this schedule) Description Contributions/Donations Auction Purchases PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 10/02/2023 Our Lady of Grace School Zip Code State; City; Payee address; Amount (\$) 626 Market St., Pleasanton, TX 78064 100.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Event Sponsorship Contributions/Donations OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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 (enter a category not listed above)

redit Card Payment	The Instruction Guide explains how to co	omplete this form.			
Total pages Schedule F1:	2 FILER NAME Lucinda A. Vickers	3 Filer ID (Ethics	3 Filer ID (Ethics Commission Filers)		
Date 10/02/2023	5 Payee name Neel & Partners				
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
3,000.00	8601 Ice House Road, Unit 701, Rich	land Hills, TX	76180		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Social Media/Targeted Ads			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name			·	
10/02/2023	Neel & Partners				
Amount (\$)	Payee address;	City;	State;	Zip Code	
1,851.20	8601 Ice House Road, Unit 701, Rich	nland Hills, TX	76180 		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Peer to Peer	Texts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name			<u> </u>	
10/02/2023	Neel & Partners				
Amount (\$)	Payee address;	City;	State;	Zip Code	
8,000.00	8601 Ice House Road, Unit 701, Ric	hland Hills, TX	76180		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Radio Ads			
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder livir	ng expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held	

SCHEDULE F1

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

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	, I Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Overl Polling Expo Printing Exp Salaries/Wa	ense iges/Contract Labor	Travel In District Travel Out Of District Other (enter a catego	nent & Related Expense ry not listed above)
Total pages Schedule F1:	2 FILER N Lucinda A				3 Filer ID (Ethics	Commission Filers)
Date 10/02/2023	5 Payee na Neel &	Partners				
Amount (\$)	7 Payee address; City; State; Zip Code			Zip Code		
250.00	8601 lce	e House Road, Unit 7	01, Rich	land Hills, TX 7	76180	
	(a) Catego	ry (See Categories listed at the top of th	is schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consul	Consulting Expense Advice/Strategy				
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				·•
10/02/2023	Neel &	Partners				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
11,700.00	8601 ic	e House Road, Unit 7	701, Rich	nland Hills, TX	76180	
	Catego	ry (See Categories listed at the top of th	is schedule)	Description		
PURPOSE OF EXPENDITURE	Salari	es/Wages/Contract La	abor	Voter Canvassing/Door Knocking		ocking
		Check if travel outside of Texas. Complet	plete Schedule T. Check if Austin, TX, officeholder living expense			g expense
Complete ONLY if direct expenditure to benefit C/C		idate / Officeholder name		Office sought		Office held
Date	Payee	name				
10/02/2023	Neel &	Partners				
Amount (\$)		address;		City;	State;	Zip Code
11,493.65	8601 ld	ce House Road, Unit	701, Rich —	nland Hills, TX	76180	
	Catego	ory (See Categories listed at the top of the	his schedule)	Description		
PURPOSE OF EXPENDITURE	Advert	tising Expense		Mailers, Post	age	
		Check if travel outside of Texas. Comple	ete Schedule T.	Check if Au	ıstin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/4		didate / Officeholder name		Office sought		Office held
		ATTACH ADDITIONAL COPI	ES OF THIS	S SCHEDULE AS N	EEDED	

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
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

ι

Event Expense Fees Food/Beverage Expense Gitt/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)

Total pages Schedule F1: 2	FILER NAME ucinda A. Vickers		3 Filer ID (Ethics	Commission Filers)
401410000	Payee name Neel & Partners	· · · · · · · · · · · · · · · · · · ·		
	7 Payee address; State; Zip Code 8601 Ice House Road, Unit 701, North Richland Hills, TX 76180			
PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Radio Ads		
[(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/5/2023	Pleasanton Express			
Amount (\$) 281.85	Payee address; City; State; Zip Code P.O. Box 880, Pleasanton, TX 78064			Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Newspaper	Ad	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 10/2/2023	Payee name City of Pleasanton			
Amount (\$) 1000.00	Payee address; 115 N. Main St., Pleasanton, TX 780	City;)64	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions/Donations	Event Spon	sorship	
ļ	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS N	IEEDED	

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
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
Checkers a category pot listed above)

edit Card Payment	Committee Legal Services Salaries/V The Instruction Guide explains how to c	amplete this form.		
			3 Filer ID (Ethics Commission Filers)	
Total pages Schedule F1: 2	2 FILER NAME Lucinda A. Vickers		5 File 1D (Eules Commission Files)	
Date 0/8/2023	5 Payee name St. Luke's Catholic Church			
Amount (\$)	7 Payee address;	City;	State; Zip Code	
2175.00	3930 FM 536, Pleasanton, TX 7806	64		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contributions/Donations	Auction Purchases		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10/8/2023	St. Philip Benizi Catholic Church			
Amount (\$)	Payee address;	City;	State; Zip Code	
215.00	274 Avenue H, Poteet, TX 78065			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions/Donations	Auction Purc	hases	
ļ	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10/11/2023	Neel & Partners			
Amount (\$)	Payee address;	City;	State; Zip Code	
1680.00	8601 Ice House Road, Unit 701, North Richland Hills, TX 76180			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Newspaper /	Ads	
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS N	EEDED	

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 Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

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

Travel In District Travel Out Of District

Other (enter a category not listed above)

Transportation Equipment & Related Expense

Solicitation/Fundralsing Expense

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Lucinda A. Vickers 5 Payee name 4 Date Wal-Mart 10/12/2023 City; Zip Code State: 7 Payee address; 6 Amount (\$) 2151 W. Oaklawn, Pleasanton, TX 78064 44.27 (b) Description (a) Category (See Categories listed at the top of this schedule) R Water Bottles/Printer Labels PURPOSE Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Neel & Partners 10/12/2023 Zip Code State: City: Payee address: Amount (\$) 8601 Ice House Road, Unit 701, North Richland Hills, TX 76180 450.00 Description Category (See Categories listed at the top of this schedule) **Door Cards** PURPOSE Printing Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 1360 10/16/2023 Zip Code State: City; Amount (\$) Payee address; 2300 Clarendon Blvd, Ste. 800, Arlington, VA 22201 375.00 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Voter Canvassing Data/App Other/Database Access OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

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
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

Credit Card Payment	Committee Legal Services Salaries vva. The Instruction Guide explains how to co-	mplete this form.		
Total pages Schedule F1:			3 Filer ID (Ethics	Commission Filers)
Date 10/16/2023	5 Payee name Pleasanton ISD Band Boosters		<u> </u>	
Amount (\$)	7 Payee address;	City;	State;	Zip Code
500.00	831 Stadium Drive, Pleasanton, TX	78064		
<u> </u>	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contributions/Donations	Donation for	High School	Band Trip
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
10/18/2023	City of Poteet			
Amount (\$)	Payee address;	City;	State;	Zip Code
300.00	P.O. Box 378, Poteet, TX 78065			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions/Donations	Charitable	Donation	
	Check if travel outside of Texas. Complete Schedule T.	stin, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/21/2023	Lytle Animal Allies			
Amount (\$)	Payee address;	City;	State;	Zip Code
250.00	P.O. Box 874, Lytle, TX 78052			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contributions/Donations	Charitable	Donation	
	Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder livi	ng expense
	Candidate / Officeholder name	Office sought		Office held

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
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 Salaries/Wages/Contract Labor

Total pages Schedule F1: 2 FILER NAME Lucinda A. Vickers Date 10/11/2023 Amount (\$) 7 Payee address; 2 FILER NAME Lucinda A. Vickers 5 Payee name Rossville Historical Community Assn. City; State; Zip Code
10/11/2023 Rossville Historical Community Assn.
Amount (\$) 7 Payee address; City; State; Zip Code
250.00 515 FM 2504, Poteet, TX 78065
(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF Contributions/Donations Event Sponsorship EXPENDITURE
(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH
Date Payee name
10/11/2023 Christmas Club
Amount (\$) Payee address; City; State; Zip Code
350.00 1073 St. Augustine Rd., Pleasanton, TX 78064
Category (See Categories listed at the top of this schedule) Description
PURPOSE OF COntributions/Donations Event Sponsorship
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct
Date Payee name
10/16/2023 Constable Percy Medina Memorial Scholarship
Amount (\$) Payee address; City; State; Zip Code
250.00 1853 Verdi Rd., Pleasanton, TX 78064
Category (See Categories listed at the top of this schedule) Description
PURPOSE OF Contributions/Donations Auction Purchases EXPENDITURE
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Other (enter a category not listed above)

redit Card Payment	The Instruction Guide explains how to complete this form.						
Total pages Schedule F1:	2 FILER NAME Lucinda A. Vickers		3 Filer ID (Ethics	Commission Filers)			
Date 10/23/2023	5 Payee name Poteet Community Livestock Fund						
Amount (\$)	7 Payee address;	City;	State;	Zip Code			
500.00	P.O. Box 705, Poteet, TX 78065						
	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Contributions/Donations	Event Sponsorship					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	atin, TX, officenolder living	expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held			
Date	Payee name						
10/27/2023	Poteet VFD Auxiliary						
Amount (\$)	Payee address;	City;	State;	Zip Code			
500.00	530 Avenue H, Poteet, TX 78065						
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Contributions/Donations	outions/Donations Event Sponsorship					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office held			
Date	Payee name						
11/1/2023	Neel & Partners						
Amount (\$)	Payee address;	City;	State;	Zip Code			
250.00	8601 Ice House Road, Unit 701,	North Richlan	d Hills, TX 76	180			
	Category (See Categories listed at the top of this schedule)	Description	-				
PURPOSE OF EXPENDITURE	Consulting Expense	Campaign	Advice/Strate	gy			
OF	Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder livi	ong expense			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Transportation Equipment & Related Expense Travel In District Food/Beverage Expens Polling Expense Consulting Expense Contributions/Donations Made By Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Lucinda A. Vickers 5 Payee name 4 Date ACCEPT 2023 11/7/2023 Zip Code State: City; 7 Payee address; 6 Amount (\$) 626 Market St., Pleasanton, TX 78064 250.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Charitable Donation **PURPOSE** Contributions/Donations OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/11/2023 Atascosa County Republican Party Zip Code State: City; Payee address; Amount (\$) 3100 FM 1784, Pleasanton, TX 78064 750.00 Category (See Categories listed at the top of this schedule) Description 2024 Election Filing Fees **PURPOSE** Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Rossville Community Church 11/6/2023 Zip Code State: City; Payee address; Amount (\$) 4138 FM 2504, Poteet, TX 78065 250.00 Description Category (See Categories listed at the top of this schedule) PURPOSE Charitable Donation Contributions/Donations OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/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)

edit Card Payment	The Instruction Guide explains how to co	mplete this form.					
Total pages Schedule F1:	2 FILER NAME Lucinda A. Vickers		3 Filer ID (Ethics	Commission Filers)			
Date 11/8/2023	5 Payee name Jourdanton 1909 Assn.						
Amount (\$)	7 Payee address;	City;	State;	Zip Code			
500.00	1310 Simmons Ave., Jourdanton, T	X 78026					
	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Contributions/Donations	Event Spon	sorship				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held			
Date	Payee name						
11/15/2023	City of Charlotte						
Amount (\$)	Payee address;	City;	State;	Zip Code			
250.00	316 Jourdanton Ave., Charlotte, T	316 Jourdanton Ave., Charlotte, TX 78011					
	Category (See Categories listed at the top of this schedule)	Description	-				
PURPOSE OF EXPENDITURE	Contributions/Donations Charitable Donation						
	Check if travel outside of Texas. Complete Schedule T.	g expense					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office held			
Date	Payee name						
11/16/2023	i 360						
Amount (\$)	Payee address;	City;	State;	Zip Code			
075.00	2300 Clarendon Blvd, Ste. 800, Arlington, VA 22201						
375.00							
375.00	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other/Database Access		nvassing Data	/App 			
PURPOSE OF		Voter Car	nvassing Data				

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
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

redit Card Payment	The Instruction Guide explains how to co	omplete this form.		<u></u>
Total pages Schedule F1:	2 FILER NAME Lucinda A. Vickers		3 Filer ID (Ethics	Commission Filers)
Date 1120/2023 ere	5 Payee name Pleasanton Lions Club			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
3500.00	114 Wyoming St., Pleasanton, TX	78064		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Sponsorship	2024 Wild G	ame Dinner	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name	-		
12-4-2023	Neel & Partners			
Amount (\$)	Payee address;	City;	State;	Zip Code
250.00	8601 Ice House Road, Unit 701, N	orth Richland H	Hills, TX 7618	30
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Planning/Str	ategy	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	ng expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12-5-2023	Next Level Signs & Designs			
Amount (\$)	Payee address;	City;	State;	Zip Code
60.62	1612 W. Oaklawn, Pleasanton, TX	78064		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Magnetic S	igns	
	Check if travel outside of Texas, Complete Schedule T.	Check if Au	ustin, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/		Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS N	EEDED	

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
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 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)

The Instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Lucinda A. Vickers 5 Payee name ⁴ Date 12-6-2023 Next Level Signs & Designs Zip Code City; State: 7 Payee address; 6 Amount (\$) 1612 W. Oaklawn, Pleasanton, TX 78064 47.63 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Magnetic Signs Printing Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 12/7/2023 Lytle Chamber of Commerce State; Zip Code City: Payee address; Amount (\$) P.O. Box 2131, Lytle, TX 78052 200.00 Description Category (See Categories listed at the top of this schedule) Toy Drive donation PURPOSE Contributions/Donations EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11-15-2023 Next Level Signs & Designs City: State: Zip Code Payee address; Amount (\$) 1612 W. Oaklawn, Pleasanton, TX 78064 121.24 Description Category (See Categories listed at the top of this schedule) Magnetic Signs PURPOSE **Printing Expense** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

edi Calur aymon	The Instruction Guide explains how to co	omplete this form.				
Total pages Schedule F1:	2 FILER NAME Lucinda A. Vickers		3 Filer ID (Ethica	S Commission Filers)		
Date 12-16-2023	5 Payee name Tri-City Road Warriors					
Amount (\$)	7 Payee address;	City;	State;	Zip Code		
1000.00	P.O. Box 168, Poteet, TX 78065					
	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Contributions/Donations	Event Spon	sorship			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tîn, TX, officeholder livin	g expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name					
12-18-2023	Pleasanton Express			Zip Code		
Amount (\$)	Payee address;	yee address; City; State;				
300.00	P.O. Box 880, Pleasanton, TX 780	64				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Newspape	er Ads			
EXI MIDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder livi	ng expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office held		
Date	Payee name					
12/18/2023	i360					
Amount (\$)	Payee address;	City;	State;	Zip Code		
375.00	2300 Clarendon Blvd, Ste. 800, A	rlington, VA 22	201			
	Category (See Categories listed at the top of this schedule)	Description	<u> </u>			
PURPOSE OF EXPENDITURE	Other/Database Access	Voter Canv	vassing Data/	Арр		
	Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder li			
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name	Office sought	•	Office held		
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS N	IEEDED			
	A LACH ADDITIONAL CO. IEC C	0 00				

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
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

		_ <u></u> .							
Total pages Schedule F1:	2 FILER NAME Lucinda A. Vickers		3 Filer ID (Ethics	Commission Filers)					
	<u> </u>		l 						
12/27/2023	Our Lady of Grace Catholic School								
Amount (\$)	7 Payee address;	City;	State;	Zip Code					
1500.00	626 Market St., Pleasanton, TX 78	S26 Market St., Pleasanton, TX 78064							
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description							
PURPOSE OF EXPENDITURE	Contributions/Donations	Event Spor	nsorship						
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held					
Date	Payee name								
12/31/2023	Sam Mayfield								
Amount (\$)	Payee address;	City;	State;	Zip Code					
1100.00	2160 Thousand Oaks Dr., Apt. 826T, San Antonio, TX 78232								
	Category (See Categories listed at the top of this schedule)	Description							
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Campaign si	gn work						
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder livin	ng expense					
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held					
Date	Payee name								
Amount (\$)	Payee address;	City;	State;	Zip Code					
	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 Au	ustin, TX, officeholder livi						
Complete ONLY if direct expenditure to benefit C/		Office sought		Office held					
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS N	EEDED						
	EX. 16.001.1000.1000.1000.1000.1000.1000.1								

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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

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

Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to d		·		
Total pages Schedule G:	² FILER NAME Lucinda A. Vickers	3	Filer ID (Ethics C	ommission Filers)	
Date 8/25/2023	5 Payee name Atascosa Animal Allies				
Amount (\$) 1250.00 Reimbursement from political contributions intended	7 Payee address: 1240 W. Oaklawn Rd. Suite 101 PM	<u> </u>	State; on, TX 78064	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations	(b) Description Event Sponso	rship		
Ed. Citation	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living exp	ense	
omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date 9-13-2023	Payee name Pleasanton Express				
Amount (\$) 281.85 Reimbursement from political contributions intended	Payee address: P.O. Box 880, Pleasanton, TX 7806	City; 64	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Newspaper	Ads		
EXPENDITORE	Check if travel outside of Taxas. Complete Schedule T.	eT. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought		Office held	
Date 10-6-2023	Payee name Chase Card Services			. <u></u>	
Amount (\$) 3092.86 Reimbursement from political contributions intended	Payee address; P.O. Box 15123, Wilmington, DE 1	City; 9850-5123	State;	Zip Code	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Credit Card Payment	Payment of Bill for Event Sponsorship Auction Donation Items			
EXPENDITURE	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	TX, officeholder living e	xpense	
EXPERIENCE	Check a data of paragraphs				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)		
dvertising Expense occurring/Banking onsulting Expense ontributions/Donations Made E Candidate/Officeholder/Politic redit Card Payment	By al Committee	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Other (enter a category not listed above)		
					3 Filer ID (Ethics C	ommission Filers)
Total pages Schedule G:	2 FILER NA Lucinda	ME A. Vickers			3 Files to (Lines o	
Date	5 Payee nan	ne				
12-6-2023	Chase	Card Services				
Amount (\$) 12,000.00 Reimbursement from political contributions intended	7 Payee add P.O. Bo	oress; x 15123, Wilmington,	DE 19		State;	Zip Code
	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description	uction Purchase	5
PURPOSE OF	1	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment Charitable Auction Pur P. Medina 10-14-2023				
EXPENDITURE	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder living exp	ense
complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	date / Officeholder name	<u> </u>	Office sought	(Office held
Date	Payee na	me				
Amount (\$)	Payee a	idress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF	Categor	y (See Categories listed at the top of th	iis schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.			Check if Au	stin, TX, officeholder living e	xpense
	Cand	idate / Officeholder name		Office sought	 .	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C	:t			<u> </u>		
Date	Payee n	ame				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
Reimbursement from political contributions intended	.					
PURPOSE OF	Catego	DIY (See Categories listed at the top of t	this schedule)	Description	_	
EXPENDITURE		Check if travel outside of Texas. Comple	ate Schedule T.	Check if A	austin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C		didate / Officeholder name		Office sought		Office held
expenditure to beneat C/C		TACH ADDITIONAL COPIE	S OF THIS	S SCHEDULE AS N	EEDED	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

	EXPENDITURE C	ATEGORIES FOR	BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Calididate/Oniceriolican	The Instruction Guide	explains how to com	plete this form.		
1 Total pages Schedule F4:	2 FILER NAME Lucinda A. Vickers			3 Filer 1D (Ethics Cor	nmission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHAR	GEDTOACRE	DITCARD	\$ 407.67	
5 Date 8/25/2023	6 Payee name Texas DPS Troopers F	oundation			
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
2500.00	5821 Airport Blvd Austin	n, TX 75752			
9 TYPE OF EXPENDITURE	Political	Non-Polit	ical		
10	(a) Category (See Categories listed at the t	op of this schedule)	(b) Description		
PURPOSE OF Expenditure	Contributions/Donation	nations Event Sponsors			
EXI ENDITORE	(c) Check if travel outside of Texas.	Complete Schedule T.	Check if	Austin, TX, officeholder living	expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder na	ame Off	ice sought	Office he	id
Date 9-7-2023	Payee name Nordstrom Rack				
Amount (\$) 194.82	Payee address; 1600 Seventh Ave., Ste	. 2600, Seattl	city; e WA 9812	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Po	litical	· .	
	Category (See Categories listed at th	e top of this schedule)	Description		
PURPOSE OF Expenditure	Contributions/Donation	ns	Charitab	le Auction Item [Donation ————
EXPENDITORE	Check if travel outside of Texa	s. Complete Schedule T.	Check	if Austin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder r	name O	ffice sought	Office h	eld
	ATTACH ADDITIONAL CO	OPIES OF THIS S	CHEDULE AS	NEEDED	
<u>. </u>		nu othics state ty us			Revised 8/17/20

www.ethics.state.tx.us

Forms provided by Texas Ethics Commission

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information	ation is not applicable, DO NOT include this page in the report.
	EXPENDITURE CATEGORIES FOR BOX 10(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District
1 Total pages Schedule F4:	2 FILER NAME Lucinda A. Vickers 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 9-7-2023	6 Payee name Nordstrom Rack
7 Amount (\$)	8 Payee address; City; State; Zip Code
194.82	1600 Seventh Ave., Ste. 2600, Seattle, WA 98101
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE	Contributions/Donations Donation Item for Charitable Auction
OF EXPENDITURE	
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 9/7/2023	Payee name Nordstrom Rack
Amount (\$)	Payee address; City, State; Zip Code
108.22	1600 Seventh Ave., Ste. 2600, Seattle, WA 98101
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF Expenditure	Contributions/Donations Donation Item for Charitable Auction
EAFENDITORE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	ATTACH APPLITIONAL CODIES OF THIS SCHEDILLE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

						· · · · · · · · · · · · · · · · · · ·	
		EXPENDITU	RE CATE	ORIES F	OR BOX 10(a)		····
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politics	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense		Office Over Polling Exp Printing Exp		Travel In District Travel Out Of Distr	ipment & Related Expens	
		The Instruction (Gulde explair	s how to co	omplete this form.		
1 Total pages Schedule F4:	2 FILER Lucir	_{NAME} ida A. Vickers	S			3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES C	HARGED	TOACR	EDIT CARD	\$	
5 Date 10-14-2023	6 Payee Const	name able Percy Me	edina Me	emorial S	Scholarship		
7 Amount (\$)	8 Payee address; City; State; Zij						
12,000.00	1853 Ve	erdi Rd., Pleas	santon, 1	TX 7806	64		
9 TYPE OF EXPENDITURE	X	Political		Non-Po	litical		
10	(a) Categor	y (See Categories listed	at the top of this	schedule)	(b) Description		
PURPOSE OF Expenditure	Contributions/Donations Charitat			Charitable A	Auction Purch	nase	
	(c)	Check if travel outside of	Texas, Complete :	Schedule T.	Check if Au	stin, TX, officeholder livi	ng expense
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholde	er name	Of	fice sought	Office	held
Date	Payee	name		·			
Amount (\$)	Payee	address;			City;	State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	litical		
PURPOSE OF EXPENDITURE	Catego	y (See Categories listed	at the top of this	schedule)	Description		
		Check if travel outside of	Texas. Complete	Schedule T.	Check if At	ıstin, TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officehold	er name	O	ffice sought	Office	
	ATTAC	CH ADDITIONAL	COPIES C	F THIS S	CHEDULE AS NE	EDED	<u> </u>