

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX**

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <i>20</i>	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST <i>Joshua</i>	MI <i>M</i>	<b>OFFICE USE ONLY</b>  Date Received  <div style="border: 1px solid blue; padding: 5px; color: blue; font-weight: bold;">                     CSO REC'D                      APR 3 '25 PM 4:59                 </div> Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged
	NICKNAME	LAST <i>Lucas</i>	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE			
	<i>4455 Camp Bowie Blvd. Ste 144 Fort Worth TX 76107</i>			
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION	
	(    )			
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST <i>Cindy</i>	MI	
	NICKNAME	LAST <i>Stormer</i>	SUFFIX	
<b>7 CAMPAIGN TREASURER ADDRESS</b>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE			
	<i>4455 Camp Bowie Blvd. Ste 144 Fort Worth TX 76107</i>			
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION	
	(    )			
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10 PERIOD COVERED</b>	Month	Day	Year	
	<i>1</i>	<i>15</i>	<i>2025</i>	
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	
		<i>5</i>	<i>3</i>	
		<i>2025</i>	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b>		
	<i>N/A</i>	<i>Mayor</i>		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	<i>Josh Lucas Campaign</i>		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS	
<i>Cindy Stormer</i>		<i>4455 Camp Bowie Blvd. Ste 144 Fort Worth TX 76107</i>		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

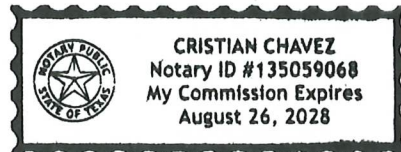
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3152. <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,418.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

*John Lucas*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Joshua M. Lucas this the 3<sup>rd</sup> day of April, 2025, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath  
Cristian Chavez Printed name of officer administering oath  
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
 My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3152. <sup>00</sup>
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		\$ 2418. <sup>50</sup>
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		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# 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 complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Josh Lucas</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/24/25</b>	5 Full name of contributor <b>Alan Lough</b> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <b>\$50.00</b>
6 Contributor address; City; State; Zip Code <b>3628 Kimbely Lane Ft Worth TX 76133</b>		
8 Principal occupation / Job title (See Instructions) <b>Minister</b>		9 Employer (See Instructions) <b>Azele Christian Church</b>
Date <b>1/24/25</b>	Full name of contributor <b>Reed Bilz</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>\$25.00</b>
Contributor address; City; State; Zip Code <b>6130 Haley Lane Fort Worth TX 76132</b>		
Principal occupation / Job title (See Instructions) <b>Not employed</b>		Employer (See Instructions) <b>N/A</b>
Date <b>1/24/25</b>	Full name of contributor <b>Doreen Greiger</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>6413 Chauncery Place Fort Worth TX 76116</b>		
Principal occupation / Job title (See Instructions) <b>Not Employed</b>		Employer (See Instructions) <b>Not Employed</b>
Date <b>1/24/25</b>	Full name of contributor <b>Carol Cordell</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>\$10.00</b>
Contributor address; City; State; Zip Code <b>1217 Marlborough Drive Ft. Worth TX 76134</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>

**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 complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>John Lucas</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/29/25</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Shelby Whitfield</b>	7 Amount of contribution (\$) <b>\$10.00</b>
6 Contributor address; City; State; Zip Code <b>3300 Brauning Ct. E Fort Worth TX 76111</b>		
8 Principal occupation / Job title (See Instructions) <b>Owner</b>		9 Employer (See Instructions) <b>Modern Manager</b>
Date <b>2/7/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Martha Williams</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>805 Mount Shasta Circle Ft Worth TX 76137</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
Date <b>2/13/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Susan Reed</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>2512 Independence Rd. Colleyville TX 76034</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>
Date <b>2/13/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Helen Bryant</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>2011 Lakeshore Drive Austin TX 78746</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>N/A</b>

**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 complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Joel Lucas</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/13/25</i>	5 Full name of contributor <i>Stella Fair</i> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$ 50.00</i>
	6 Contributor address; City; State; Zip Code <i>3850 Silverton Circle #1305 Fort Worth TX 76133</i>	
8 Principal occupation / Job title (See Instructions) <i>HR Professional</i>		9 Employer (See Instructions) <i>UNT System</i>
Date <i>2/13/25</i>	Full name of contributor <i>Russell Kegley</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$ 250.00</i>
	Contributor address; City; State; Zip Code <i>10033 Wandering Way St Benbrook TX 76106</i>	
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions) <i>n Hansa Inc.</i>
Date <i>2/13/25</i>	Full name of contributor <i>Catherine Lynch</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$ 25.00</i>
	Contributor address; City; State; Zip Code <i>131 Bardia Rd. Apt 242 Arlington TX 76018</i>	
Principal occupation / Job title (See Instructions) <i>N/A</i>		Employer (See Instructions) <i>N/A</i>
Date <i>2/13/25</i>	Full name of contributor <i>Rita Vinson</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$ 100.00</i>
	Contributor address; City; State; Zip Code <i>6216 Doveshire Terrace Ft. Worth, TX 76112</i>	
Principal occupation / Job title (See Instructions) <i>N/A</i>		Employer (See Instructions) <i>N/A</i>

**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 complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Josh Lucas</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/14/25</i>	5 Full name of contributor <i>William Smith</i> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$ 1.00</i>
6 Contributor address; City; State; Zip Code <i>448W 19th St #295 Houston TX 77008</i>		
8 Principal occupation / Job title (See Instructions) <i>Not Employed</i>		9 Employer (See Instructions) <i>Not Employed</i>
Date <i>2/14/25</i>	Full name of contributor <i>Robert Vance</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>PO Box 100412 Fort Worth TX 76185</i>		
Principal occupation / Job title (See Instructions) <i>Not Employed</i>		Employer (See Instructions) <i>Not Employed</i>
Date <i>2/14/25</i>	Full name of contributor <i>Linda Webber</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$ 20.00</i>
Contributor address; City; State; Zip Code <i>4349 Belkore Dr Apt 231 Fort Worth TX 76109</i>		
Principal occupation / Job title (See Instructions) <i>Not Employed</i>		Employer (See Instructions) <i>Not Employed</i>
Date <i>2/19/25</i>	Full name of contributor <i>Mitchell Swain</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$ 25.00</i>
Contributor address; City; State; Zip Code <i>3020 Willing Ave Ft. Avenue TX 76110</i>		
Principal occupation / Job title (See Instructions) <i>Coordinator</i>		Employer (See Instructions) <i>UTSW</i>

**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 complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Josh Lucas</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/19/25</i>	5 Full name of contributor <i>Jay Bond</i> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$40.00</i>
6 Contributor address; City; State; Zip Code <i>1159 Oak Forest Drive Fort Worth, TX 76114</i>		
8 Principal occupation / Job title (See Instructions) <i>Not Employed</i>		9 Employer (See Instructions) <i>Not Employed</i>
Date <i>2/23/25</i>	Full name of contributor <i>Rhonda McDonald</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>1504 W Tucker Blvd. Arlington, TX 76013</i>		
Principal occupation / Job title (See Instructions) <i>Not Employed</i>		Employer (See Instructions) <i>Not Employed</i>
Date <i>3/19/25</i>	Full name of contributor <i>MaeLi Wright</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$25</i>
Contributor address; City; State; Zip Code <i>3244 Donnelley Cir 114 Ft Worth TX 76107</i>		
Principal occupation / Job title (See Instructions) <i>Librarian</i>		Employer (See Instructions) <i>Graduate School</i>
Date <i>3/14/25</i>	Full name of contributor <i>Alan Cobaugh</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$50</i>
Contributor address; City; State; Zip Code <i>3628 Kimberley Lane Fort Worth TX 76133</i>		
Principal occupation / Job title (See Instructions) <i>Minister</i>		Employer (See Instructions) <i>Azle Christian Church</i>

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 complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Josh Lucas</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/15/25</i>	5 Full name of contributor <i>Amy Olles</i> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$35.00</i>
6 Contributor address; City; State; Zip Code <i>6012 Cantanal Lane Fort Worth TX 76112</i>		
8 Principal occupation / Job title (See Instructions) <i>Engineer</i>		9 Employer (See Instructions) <i>Cocke &amp; Martin</i>
Date <i>3/17/25</i>	Full name of contributor <i>Salvador Carrillo</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>2408 Dalford Fort Worth TX 76111</i>		
Principal occupation / Job title (See Instructions) <i>Tax Accounting</i>		Employer (See Instructions) <i>STF Services</i>
Date <del>3/19/25</del>	Full name of contributor <i>Pamela F. Campbell</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>4405 Cactus Road Ft. Worth TX 76116</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>retired</i>
Date <i>3/20/25</i>	Full name of contributor <i>Paula Himmel spach</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$5.00</i>
Contributor address; City; State; Zip Code <i>Cel 72 Bowfin Dr. Fort Worth TX 76119</i>		
Principal occupation / Job title (See Instructions) <i>Not Employed</i>		Employer (See Instructions) <i>Not Employed</i>

**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 complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Josh Lucas</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/20/25</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Gracy Palko</i>	7 Amount of contribution (\$) <i>\$/25.00</i>
	6 Contributor address; City; State; Zip Code <i>4212 Star Hollow Way, Euless TX 76040</i>	
8 Principal occupation / Job title (See Instructions) <i>Not Employed</i>		9 Employer (See Instructions) <i>Not Employed</i>
Date <i>3/23/25</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Rebecca Steinsiek</i>	Amount of contribution (\$) <i>\$ 10.00</i>
	Contributor address; City; State; Zip Code <i>6198 Bear Creek Drive E Ft. Worth TX 76206</i>	
Principal occupation / Job title (See Instructions) <i>Administrative Assistant</i>		Employer (See Instructions) <i>Fort Worth ISA</i>
Date <i>3/19/25</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Susan Reed</i>	Amount of contribution (\$) <i>\$ 200.00</i>
	Contributor address; City; State; Zip Code <i>2512 Independence Rd Colleyville TX 76034</i>	
Principal occupation / Job title (See Instructions) <i>Not Employed</i>		Employer (See Instructions) <i>Not Employed</i>
Date <i>3/20/25</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Karen Lovett</i>	Amount of contribution (\$) <i>\$ 100.00</i>
	Contributor address; City; State; Zip Code <i>2837 Townsend Dr. Fort Worth TX 76110</i>	
Principal occupation / Job title (See Instructions) <i>Manager</i>		Employer (See Instructions) <i>MultiPlan Inc.</i>

**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 complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Josh Lucas</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/20/25</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>James R. Peacock</b>	7 Amount of contribution (\$) <b>\$20.00</b>
6 Contributor address; City; State; Zip Code <b>3424 View St Fort Worth TX 76103</b>		
8 Principal occupation / Job title (See Instructions) <b>Not Employed</b>		9 Employer (See Instructions) <b>Not Employed</b>
Date <b>3/21/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ramon Azua</b>	Amount of contribution (\$) <b>\$10.00</b>
Contributor address; City; State; Zip Code <b>2200 Field Lane Mansfield TX 76063</b>		
Principal occupation / Job title (See Instructions) <b>Sr. Reactor Inspector</b>		Employer (See Instructions) <b>U.S. Nuclear</b>
Date <b>3/21/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Laura Ceeman</b>	Amount of contribution (\$) <b>\$25.00</b>
Contributor address; City; State; Zip Code <b>6021 Ashbury St. 731 North Richland Hills, TX 76180</b>		
Principal occupation / Job title (See Instructions) <b>Not Employed</b>		Employer (See Instructions) <b>Not Employed</b>
Date <b>3/21/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Cassandra Oliphint</b>	Amount of contribution (\$) <b>\$10.00</b>
Contributor address; City; State; Zip Code <b>2724 Ryan Avenue Fort Worth 76110</b>		
Principal occupation / Job title (See Instructions) <b>Not Employed</b>		Employer (See Instructions) <b>Not Employed</b>

**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 complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Josh Lucas</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/22/25</i>	5 Full name of contributor <i>David Adair</i> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$20.00</i>
6 Contributor address; City; State; Zip Code <i>508 Arcadia Hurst TX 76053</i>		
8 Principal occupation / Job title (See Instructions) <i>Not Employed</i>		9 Employer (See Instructions) <i>Not Employed</i>
Date <i>3/24/25</i>	Full name of contributor <i>Lauren Ivy Chiong</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$40.00</i>
Contributor address; City; State; Zip Code <i>2207 Glenco Terrace Fort Worth TX 76110</i>		
Principal occupation / Job title (See Instructions) <i>Web Content Manager</i>		Employer (See Instructions) <i>Commonwealth of M</i>
Date <i>2/18/25</i>	Full name of contributor <i>Alan Colbaugh</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$50.00</i>
Contributor address; City; State; Zip Code <i>3628 Kimberly Lane Fort Worth TX 76133</i>		
Principal occupation / Job title (See Instructions) <i>Minister</i>		Employer (See Instructions) <i>Azle Christian Church</i>
Date <i>2/18/25</i>	Full name of contributor <i>Rebecca Walker</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>1929 Berkley Place Fort Worth TX 76110</i>		
Principal occupation / Job title (See Instructions) <i>Not Employed</i>		Employer (See Instructions) <i>Not Employed</i>

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 complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Josh Lucas</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/18/25</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>David Edwards</i>	7 Amount of contribution (\$) <i>\$25.00</i>
6 Contributor address; City; State; Zip Code <i>3104 Yucca Ave Fort Worth TX 76111</i>		
8 Principal occupation / Job title (See Instructions) <i>TA</i>		9 Employer (See Instructions) <i>UTA</i>
Date <i>2/19/25</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Stanley Ford</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>212 Daniels Ct Crowley TX 76036</i>		
Principal occupation / Job title (See Instructions) <i>Piano Tuner</i>		Employer (See Instructions) <i>Self</i>
Date <i>2/22/25</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Cynda Bertram</i>	Amount of contribution (\$) <i>\$99.00</i>
Contributor address; City; State; Zip Code <i>400 El Campo Ave Fort Worth TX 76107</i>		
Principal occupation / Job title (See Instructions) <i>Not Employed</i>		Employer (See Instructions) <i>Not Employed</i>
Date <i>2/23/25</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Terry Callaway</i>	Amount of contribution (\$) <i>\$99.00</i>
Contributor address; City; State; Zip Code <i>2304 Rodgewood Bedford TX 76021</i>		
Principal occupation / Job title (See Instructions) <i>Not Employed</i>		Employer (See Instructions) <i>Not Employed</i>

**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 complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Josh Lucas*

3 Filer ID (Ethics Commission Filers)

4 Date

*2/27/25*

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

*Denise Wilkerson*

7 Amount of contribution (\$)

*\$100.00*

6 Contributor address; City; State; Zip Code

*1808 Winewood Lane Arlington TX 76013*

8 Principal occupation / Job title (See Instructions)

*Unemployed*

9 Employer (See Instructions)

*None*

Date

*2/27/25*

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

*Dona Readinger*

Amount of contribution (\$)

*\$198.00*

Contributor address; City; State; Zip Code

*548 Trail Rider Rd. Fort Worth TX 76114*

Principal occupation / Job title (See Instructions)

*Not Employed*

Employer (See Instructions)

*Not Employed*

Date

*2/27/25*

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

*Lester Merweather*

Amount of contribution (\$)

*\$100.00*

Contributor address; City; State; Zip Code

*8145 Wendy Benbrook TX 76110*

Principal occupation / Job title (See Instructions)

*Minister*

Employer (See Instructions)

*Literacy Connexus*

Date

*2/15/25*

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)

*Cindy Storner*

Amount of contribution (\$)

*\$100.00*

Contributor address; City; State; Zip Code

*2005 Ashland Avenue Fort Worth TX 76107*

Principal occupation / Job title (See Instructions)

*Lawyer*

Employer (See Instructions)

*MiniCofey firm*

**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 complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Susan Wade</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/14/25</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Susan Wade</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>
6 Contributor address; City; State; Zip Code <i>4513 Owendale Benbrook TX 76010</i>		
8 Principal occupation / Job title (See Instructions) <i>Unemployed</i>		9 Employer (See Instructions) <i>Unemployed</i>
Date <i>2/15/25</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Hector Carrillo</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code <i>740N Silvania Ft Worth TX</i>		
Principal occupation / Job title (See Instructions) <i>N/A</i>		Employer (See Instructions) <i>N/A</i>
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1 of 5	<b>2</b> FILER NAME Josh Lucas	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/06/25	<b>5</b> Payee name Villain, LLC	
<b>6</b> Amount (\$) \$318.75	<b>7</b> Payee address; City; State; Zip Code 4295 Washburne Dr. #203 Frisco TX 75034	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description graphic design
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 2/14/25	Payee name Lowe's Home Centers, LLC	
Amount (\$) \$34.19	Payee address; City; State; Zip Code 600 State Highway 183 Fullbrook TX 76116	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising expense	Description PVC pipe to support a sign
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>
Date 2/19/25	Payee name InMotion Hosting	
Amount (\$) \$87.05	Payee address; City; State; Zip Code 555 S Independence Blvd. Virginia Beach VA 23452	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description web-hosting
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2 of 5	<b>2</b> FILER NAME Josh Lucas	<b>3</b> Filer ID (Ethics Commission Filers)
---	-----------------------------------	--

<b>4</b> Date 03/04/25	<b>5</b> Payee name Party City
---------------------------	-----------------------------------

<b>6</b> Amount (\$) \$35.40	<b>7</b> Payee address; 4820 SW Loop 820	City; Ft Worth	State; TX	Zip Code 76109
---------------------------------	---	-------------------	--------------	-------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description Cups, plates, napkins
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 03/04/25	Payee name Central Market
------------------	------------------------------

Amount (\$) \$84.91	Payee address; 4651 West Freeway	City; Ft Worth	State; TX	Zip Code 76107
------------------------	-------------------------------------	-------------------	--------------	-------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Kingcake, cheese plate, fruit
	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 03/13/25	Payee name Tarrant County Democratic Party
------------------	---

Amount (\$) \$100.00	Payee address; John B. Sias Memorial Parkway, Suite 400	City; Ft Worth	State; TX	Zip Code 76134
-------------------------	--	-------------------	--------------	-------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Came sponsor ticket
	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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 5	2 FILER NAME Josh Lucas	3 Filer ID (Ethics Commission Filers)
--------------------------------------	----------------------------	---------------------------------------

4 Date 3/12/25	5 Payee name Printed Union
-------------------	-------------------------------

6 Amount (\$) \$519.60	7 Payee address; 8800 Chancellor Row Dallas TX 75247	City;	State;	Zip Code
---------------------------	---	-------	--------	----------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing Expenses	(b) Description Postcards, Banner, Yard signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/18/25	Payee name Facebook
-----------------	------------------------

Amount (\$) \$15.00	Payee address; 1 Hacker Way Menlo Park CA 94025	City;	State;	Zip Code
------------------------	--	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook political ads.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
--	-------------------------------	---------------	-------------

Date 3/19/25	Payee name Facebook
-----------------	------------------------

Amount (\$) \$20.00	Payee address; 1 Hacker Way Menlo Park CA 94025	City;	State;	Zip Code
------------------------	--	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook political ads.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4 of 5	<b>2</b> FILER NAME Josh Lucas	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/19/25	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) \$42.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way Menlo Park CA 94025	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Facebook, Political ads.
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 3/19/25	Payee name Mailchimp	
Amount (\$) \$106.00	Payee address; City; State; Zip Code <del>675</del> 675 Ponce de Leon Avenue NE Suite 5000 Atlanta GA 30308	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description email service
	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

Date 3/20/25	Payee name Facebook	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park CA 94025	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising expense	Description Facebook Political ads.
	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 SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 5	2 FILER NAME John Lucas	3 Filer ID (Ethics Commission Filers)
--------------------------------------	----------------------------	---------------------------------------

4 Date 03/20/25	5 Payee name Sterling Data Company LLC
--------------------	---

6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 500 Westover Dr. #92215, Sanford NC 27330
-----------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Texts for fundraisers
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 03/24/25	Payee name Facebook
------------------	------------------------

Amount (\$) \$35.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park CA 94025
------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description Facebook political ads.
	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
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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