

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Chukwuemeka

N

NICKNAME

LAST

SUFFIX

ELuka

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

[REDACTED]

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[REDACTED]

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Lucy

NICKNAME

LAST

SUFFIX

W Karanja

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

[REDACTED]

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

[REDACTED]

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

03 / 23 / 2024

THROUGH

04 / 22 / 2024

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 04 / 2024

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council, Place 3

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

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.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,801.01
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,801.01

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3,569.19

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 231.82

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 318.00

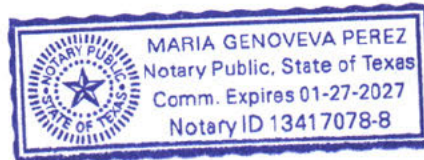
18 SIGNATURE

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]

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Nwagbo Elnka this the 26th day of April,
20 24, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Maria Genoveva Perez
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Emeka Elnka, and my date of birth is [REDACTED]

My address is [REDACTED], Melissa, Tx, 75454, Collin
(street) (city) (state) (zip code) (country)

Executed in Collin County, State of Texas, on the 25 day of April, 2024
(month) (year)

[Signature]
Signature of Candidate/Officeholder (Declarant)

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		3 Filer ID (Ethics Commission Filers)
4 Date 03/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rodah Eluka 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Martin Wachira Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Taiwo Adebisin Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: OLUWATOSIN AMODU Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
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.		

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		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicholas Mwaura 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/31/2024 04/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Titus Olowe Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mobolaji Ajayi Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lotachukwu Djide Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dream Prestige LLC 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Greg Roemer Contributor address; City; State; Zip Code	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Remi Oladipo Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Akingbade Akinfenwa Contributor address; City; State; Zip Code	Amount of contribution (\$) \$300.00
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCrae N mutisya 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Munene Business Group LLC DBA Upperhill Insurance Contributor address; City; State; Zip Code	Amount of contribution (\$) \$350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Laban Opande Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kingsley Offiah Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
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.

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		3 Filer ID (Ethics Commission Filers)
4 Date 04/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johnson Antwi 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Musa Ochiel Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Silas Mimba Contributor address; City; State; Zip Code	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Desmond Nsutebu Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
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.		

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		3 Filer ID (Ethics Commission Filers)
4 Date <i>04/14/2024</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Henry Jimba</i> 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>04/16/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Yazomam Ibekwe</i> Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <i>\$300.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>04/20/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Immaculate Anami</i> Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>04/22/2024</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Jude Ngene</i> Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) <i>\$200.00</i>
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.		

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		3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nnamdi Nwodo	7 Amount of contribution (\$) \$100.00
6 Contributor address: _____ City: _____ State: _____ Zip Code _____		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Benice Mwangi	Amount of contribution (\$) \$100.00
Contributor address: _____ City: _____ State: _____ Zip Code _____		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Julio Amorin	Amount of contribution (\$) \$100.00
Contributor address: _____ City: _____ State: _____ Zip Code _____		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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
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/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.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 04/02/2024		5 Payee name Sam's Club			
6 Amount (\$) 75.77 + 77.66		7 Payee address; 1670 W University Dr		City; mckinney	State; TX Zip Code 75069
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Expense		(b) Description Gas/Gas (04/21/2024)		
	(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 04/14/2024		Payee name Canva			
Amount (\$) 14.99		Payee address; 110 Kippax St,		City; NSW 2010,	State; AU Zip Code Australia
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<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		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<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
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/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.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 02/05/2024		5 Payee name City of Melissa			
6 Amount (\$) \$100.00		7 Payee address; 3411 Barker Ave,		City; Melissa	State; TX Zip Code 75454
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Filing fee		(b) Description Filing fee		
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 04/02/2024		Payee name Melissa Chamber of Commerce			
Amount (\$) \$100.00		Payee address; 1710 Copper St		City; Melissa	State; TX Zip Code 75454
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Fees to be a vendor		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 04/06/2024		Payee name George's Coffee			
Amount (\$) \$38.00		Payee address; 1280 Sam Rayburn Hwy Suite 700		City; Melissa	State; TX Zip Code 75454
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Entertainment		Description Coffee meetings		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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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/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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 04/12/2024	5 Payee name Spirit Locker	
6 Amount (\$) \$106.08	7 Payee address; City; State; Zip Code 3121 McKinney St melissa TX 75454	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description T-shirt Customization writings
	(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 ONLY if direct expenditure to benefit C/OH		
Date 03/18/2024	Payee name Sam's Club	
Amount (\$) \$97.35	Payee address; City; State; Zip Code 1670 W University Dr McKinney TX 75069	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Expense	Description Gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Date 04/11/2024	Payee name Walmart	
Amount (\$) \$167.79	Payee address; City; State; Zip Code 2041 Redbud Blvd McKinney TX 75069	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-shirts - men T-shirts - women
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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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/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.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 03/22/2024		5 Payee name The Press Group			
6 Amount (\$) \$1900.01		7 Payee address: 4620 Penbrook Ct.		City: Plano	State: TX Zip Code 75024
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Road Signs, Car magnets, etc		(b) Description Road Signs, Car magnet Candidate card, 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 04/12/2024		Payee name Sam's Club			
Amount (\$) \$103.98 + \$54.11		Payee address: 1670 W University DR		City: McKinney	State: TX Zip Code 75069
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description 1st Canopy & 2nd Canopy		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 04/12/2024		Payee name Sam's Club			
Amount (\$) \$119.05 + \$162.34		Payee address: 1670 W University DR		City: McKinney	State: TX Zip Code 75069
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Table + chairs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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
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/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.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 02/27/2024		5 Payee name Sam's Club			
6 Amount (\$) \$77.66		7 Payee address: 1670 W University DR		City: McKinney TX	State: TX
				Zip Code 75069	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Expense		(b) Description Gas		
	(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 03/02/2024		Payee name Walmart			
Amount (\$) \$18.99		Payee address: 2041 Redbud Blw,		City: McKinney TX	State: TX
				Zip Code 75069	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Zip ties		
	<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 03/10/2024		Payee name Tractor Supply Co			
Amount (\$) \$224.70		Payee address: 3350 North Central Expy US 75		City: McKinney TX	State: TX
				Zip Code 75071	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description T- POST		
	<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