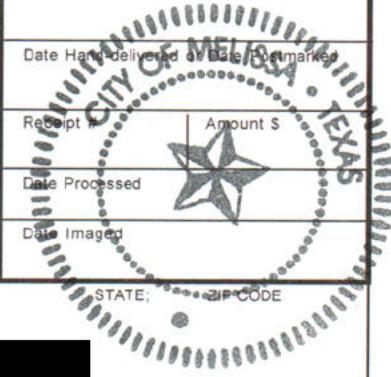


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 <i>Chukwuemeka</i>	MI <i>N</i>	OFFICE USE ONLY			
	NICKNAME	LAST <i>ELuka</i>	SUFFIX	Date Received <i>4/24/24</i>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE			
<input type="checkbox"/> Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Lucy</i>	MI				
	NICKNAME	LAST <i>W Karanja</i>	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:			CITY: STATE: ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month <i>03</i>	Day <i>23</i>	Year <i>2024</i>	Month <i>04</i>	Day <i>22</i>	Year <i>2024</i>	
11 ELECTION	ELECTION DATE Month <i>05</i> Day <i>04</i> Year <i>2024</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special					
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>City Council, Place 3</i>			
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.						
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME				
		<input type="checkbox"/> GENERAL					
		<input type="checkbox"/> SPECIFIC					
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
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	
SUBTOTAL AMOUNT	
\$ 3,801.01	

## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

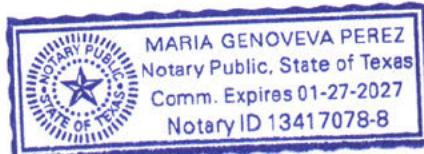
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)	
<b>17 CONTRIBUTION TOTALS</b>  <b>EXPENDITURE TOTALS</b>  <b>CONTRIBUTION BALANCE</b>  <b>OUTSTANDING LOAN TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,801.01
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 3,569.19
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 231.82
	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 of Candidate or Officeholder**

**Please complete either option below:**



**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Nwogbo Eluka this the 26<sup>th</sup> day of Apr  
2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is **Emeka Eluka** and my date of birth is

My address is ██████████, Melissa, TX, 75454, Collin  
(street) (city) (state) (zip code) (county)

Executed in Collin County, State of Texas, on the 25 day of April, 2024.

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 <i>03/23/2024</i>	5 Full name of contributor <i>Rodah Eluka</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$1.00</i>
6 Contributor address; City; State; Zip Code		9 Employer (See Instructions)	
Date <i>03/24/2024</i>	Full name of contributor <i>Martin Wachira</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code		Employer (See Instructions)	
Date <i>03/25/2024</i>	Full name of contributor <i>Taiwo Adebasisi</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code		Employer (See Instructions)	
Date <i>03/27/2024</i>	Full name of contributor <i>OLUWATOSIN AMODU</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>			

# 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>03/28/2024</i>	5 Full name of contributor <i>Nicholas Mwaura</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code		8 Principal occupation / Job title (See Instructions)      9 Employer (See Instructions)	
Date <i>03/28/2024</i>	Full name of contributor <i>Titus Olowe</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code		Principal occupation / Job title (See Instructions)      Employer (See Instructions)	
Date <i>04/03/2024</i>	Full name of contributor <i>Mobolaji Ajayi</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code		Principal occupation / Job title (See Instructions)      Employer (See Instructions)	
Date <i>04/04/2024</i>	Full name of contributor <i>Lotachukwu Djide</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code		Principal occupation / Job title (See Instructions)      Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>			

# 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>04/10/2024</i>	5 Full name of contributor <i>Dream Prestige LLC</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <i>\$300.00</i>
6 Contributor address; City; State; Zip Code			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>04/10/2024</i>	Full name of contributor <i>Greg Roemer</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04/11/2024</i>	Full name of contributor <i>Remi Oladipo</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04/11/2024</i>	Full name of contributor <i>Akingbade Akinfenwa</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>\$300.00</i>
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			
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.				<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME				<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>04/11/2024</i>	<b>5</b> Full name of contributor <i>McCrae N Mutisya</i> <b>6</b> Contributor address; City; State; Zip Code	<input type="checkbox"/> out-of-state PAC (ID#_____)		<b>7</b> Amount of contribution (\$) <i>\$100.00</i>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)		
<b>Date</b> <i>04/12/2024</i>	<b>Full name of contributor</b> <i>Munene business group LLC DBA Upperhill Insurance</i> <b>Contributor address;</b> City; State; Zip Code	<input type="checkbox"/> out-of-state PAC (ID#_____)		<b>Amount of contribution (\$)</b> <i>\$350.00</i>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>		
<b>Date</b> <i>04/12/2024</i>	<b>Full name of contributor</b> <i>Laban Opande</i> <b>Contributor address;</b> City; State; Zip Code	<input type="checkbox"/> out-of-state PAC (ID#_____)		<b>Amount of contribution (\$)</b> <i>\$100.00</i>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>		
<b>Date</b> <i>04/12/2024</i>	<b>Full name of contributor</b> <i>Kingsley Offiah</i> <b>Contributor address;</b> City; State; Zip Code	<input type="checkbox"/> out-of-state PAC (ID#_____)		<b>Amount of contribution (\$)</b> <i>\$100.00</i>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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>04/13/2024</i>	5 Full name of contributor <i>Johnson Antwi</i>	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; City; State; Zip Code			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>04/13/2024</i>	Full name of contributor <i>MUSA Ochiel</i>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04/14/2024</i>	Full name of contributor <i>Silas Mimba</i>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <i>\$150.00</i>
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>04/14/2024</i>	Full name of contributor <i>Desmond Nsutebu</i>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 04/14/2024	5 Full name of contributor Henry Jimba	<input type="checkbox"/> out-of-state PAC (ID# _____)	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 04/16/2024	Full name of contributor Yazomam Ibekwe	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) \$300.00
Contributor address:      City:      State:      Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/20/2024	Full name of contributor Immaculate Anami	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) \$100.00
Contributor address:      City:      State:      Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/21/2024	Full name of contributor Jude Ngene	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) \$200.00
Contributor address:      City:      State:      Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.</b> 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>04/22/2024</i>	5 Full name of contributor <i>Nnamdi Nwodo</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)		7 Amount of contribution (\$) <i>\$ 100.00</i>
6 Contributor address: City, State, Zip Code				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date <i>04/22/2024</i>	Full name of contributor <i>Benice Mwangi</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address: City, State, Zip Code				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>04/22/2024</i>	Full name of contributor <i>Julio Amorin</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$) <i>\$ 100.00</i>
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)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.</b> 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	
8  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, <del>Australia</del>	State; 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 Suit 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

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:	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: 3121 McKinney St	City: Melissa	State: TX	Zip Code 75454	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  T-shirt customization writtings			
	(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 03/18/2024	Payee name Sam's Club				
Amount (\$) \$97.35	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)  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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held	
Date 04/11/2024	Payee name Walmart				
Amount (\$) \$167.79	Payee address: 2041 Redbud Blvd	City: McKinney	State: TX	Zip Code 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 <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 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	
8  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 magnets 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 <u>ONLY</u> 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 b 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

**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	State: TX Zip Code 75069
8  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
Date 03/02/2024	Payee name Walmart		
Amount (\$) \$18.99	Payee address: 2041 Redbud Blw,	City: McKinney	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
Date 03/10/2024	Payee name Tractor Supply Co		
Amount (\$) \$224.70	Payee address: 3350 North Central Expy US 75	City: McKinney	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			