

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

14 JC/OH NAME  
*Pamela Smitham "Pamela Luther"*

15 Filer ID (Ethics Commission Filers)

16 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  
 GENERAL  
 SPECIFIC

COMMITTEE NAME  
*TURNOUT TEXAS PAC*

COMMITTEE ADDRESS  
*2504 Summit Dr.  
Irving, TX 75062-5320*

COMMITTEE CAMPAIGN TREASURER NAME  
*David Bradley*

COMMITTEE CAMPAIGN TREASURER ADDRESS  
*2504 Summit Dr.  
Irving, TX 75062-5320*

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ *15,892.62*

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$

4. TOTAL POLITICAL EXPENDITURES \$ *21,777.72*  
~~*1225.93*~~

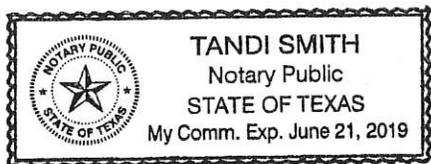
CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ *3520.52*

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ *15,309.52*

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

*Pamela Smitham*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Pamela Smitham*, this the *14<sup>th</sup>* day of *May*, 20 *18*, to certify which, witness my hand and seal of office.

*Tandi Smith*  
Signature of officer administering oath

*Tandi Smith*  
Printed name of officer administering oath

*Notary*  
Title of officer administering oath

# SUBTOTALS - JC/OH

FORM JC/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 A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 14,385.18
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,534.44
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ —
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 5053.09
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 21,777.72
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	\$ —

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>15</b>
2 FILER NAME <i>Pamela Lusher (Pamela Smitham)</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4-30-18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Kendall Scudder</i>	7 Amount of contribution (\$) <i>\$ 20.18</i>
6 Contributor address; City; State; Zip Code <i>2158 Montalba Ave. Dallas TX 75228</i>		
8 Contributor's principal occupation <i>Manager</i>		9 Contributor's job title <i>Mgr. of Community Services</i>
10 Contributor's employer/law firm <i>Atlantic Housing</i>		11 Law firm of contributor's spouse (if any) _____
12 If contributor is a child, law firm of parent(s) (if any) _____		
Date <i>4-30-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Bill Knox</i>	Amount of contribution (\$) <i>\$ 500</i>
Contributor address; City; State; Zip Code <i>900 Jackson St. # 650 Dallas TX</i>		
Contributor's principal occupation <i>Lawyer</i>		Contributor's job title <i>Lawyer</i>
Contributor's employer/law firm <i>Law Office of Bill Knox</i>		Law firm of contributor's spouse (if any) _____
If contributor is a child, law firm of parent(s) (if any) _____		
Date <i>5-4-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Ray Hindieh</i>	Amount of contribution (\$) <i>\$ 250</i>
Contributor address; City; State; Zip Code <i>3300 Oak Lawn #408 Dallas TX 75219</i>		
Contributor's principal occupation <i>Lawyer</i>		Contributor's job title <i>Lawyer</i>
Contributor's employer/law firm <i>Puente + Hindieh PLLC</i>		Law firm of contributor's spouse (if any) _____
If contributor is a child, law firm of parent(s) (if any) _____		

**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 (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>15</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-7-18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>John Reoch</b>	7 Amount of contribution (\$) <b>\$ 50</b>
6 Contributor address; City; State; Zip Code <b>2323 Bryan St. #2200 Dallas TX 75201</b>		
8 Contributor's principal occupation <b>Lawyer</b>		9 Contributor's job title <b>Lawyer</b>
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>4-11-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Vic Sasso</b>	Amount of contribution (\$) <b>\$ 100</b>
Contributor address; City; State; Zip Code <b>6440 N. Central Expwy #309 Dallas TX 75206</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Law Office of Vic Sasso</b>		Law firm of contributor's spouse (if any) <b>—</b>
If contributor is a child, law firm of parent(s) (if any)		
Date <b>4-24-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Melanie Smith</b>	Amount of contribution (\$) <b>\$ 250</b>
Contributor address; City; State; Zip Code <b>3620 Waldorf Dr., Dallas TX 75229</b>		
Contributor's principal occupation <b>retired</b>		Contributor's job title <b>retired</b>
Contributor's employer/law firm <b>—</b>		Law firm of contributor's spouse (if any) <b>—</b>
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

15

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

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

7 Amount of contribution (\$)

4.9.18

Kenneth Wincorn

\$150

6 Contributor address: City: State: Zip Code

14906 Grayport, Dallas TX 75248

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Law Offices of Kenneth Wincorn

11 Law firm of contributor's spouse (if any)

—

12 If contributor is a child, law firm of parent(s) (if any)

Date

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

Amount of contribution (\$)

4.9.18

Robert Lenz

\$100

Contributor address: City: State: Zip Code

6060 N. Central Expw #500 Dallas TX 75206

Contributor's principal occupation

Lawyer

Contributor's job title

Lawyer

Contributor's employer/law firm

Lenz Law Office

Law firm of contributor's spouse (if any)

—

If contributor is a child, law firm of parent(s) (if any)

Date

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

Amount of contribution (\$)

4.7.18

Brian Gray

\$100

Contributor address: City: State: Zip Code

3203 Brookhauen Club Dr., Dallas TX 75234

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Law Offices of Brian Gray

Law firm of contributor's spouse (if any)

—

If contributor is a child, law firm of parent(s) (if any)

**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 (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>15</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <b>4.12.18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Paul Saputo</b>	7 Amount of contribution (\$) <b>\$ 100</b>
6 Contributor address; City; State; Zip Code <b>1320 Griffin St. East, Dallas TX 75215</b>		
8 Contributor's principal occupation <b>Lawyer</b>		9 Contributor's job title <b>Lawyer</b>
10 Contributor's employer/law firm <b>Saputo Law Firm</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>4.19.18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Carl Scaglione</b>	Amount of contribution (\$) <b>\$50</b>
Contributor address; City; State; Zip Code <b>1715 Linden Ave, Baltimore MD 21217</b>		
Contributor's principal occupation <b>Retired</b>		Contributor's job title <b>Retired</b>
Contributor's employer/law firm <b>—</b>		Law firm of contributor's spouse (if any) <b>—</b>
If contributor is a child, law firm of parent(s) (if any)		
Date <b>4.10.18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Thomas Walsh</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>4514 Cole Ave. #600, Dallas TX 75205</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Law office of Tom Walsh</b>		Law firm of contributor's spouse (if any) <b>—</b>
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>15</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Kenneth Wincorn</b>	7 Amount of contribution (\$) <b>\$150</b>
	6 Contributor address; City; State; Zip Code <b>75080</b> <b>100 N Central Expy #1310, Dallas TX</b>	
8 Contributor's principal occupation <b>Lawyer</b>		9 Contributor's job title <b>Lawyer</b>
10 Contributor's employer/law firm <b>Law Office of Kenneth Wincorn</b>		11 Law firm of contributor's spouse (if any) —
12 If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Richard Corbett</b>	Amount of contribution (\$) <b>\$250</b>
	Contributor address; City; State; Zip Code <b>75206</b> <b>6440 N. Central Expy #402 Dallas TX</b>	
Contributor's principal occupation <b>Lawyer</b>		Contributor's job title <b>Lawyer</b>
Contributor's employer/law firm <b>Law Office of Richard Corbett</b>		Law firm of contributor's spouse (if any) —
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Kenneth Nixon</b>	Amount of contribution (\$) <b>\$100</b>
	Contributor address; City; State; Zip Code <b>215 Sunray Lane, Sunnyvale TX. 75782</b>	
Contributor's principal occupation <b>retired</b>		Contributor's job title —
Contributor's employer/law firm <b>retired</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>15</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <b>4.3.18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Susan Vrana</b> 6 Contributor address; City: State: Zip Code <b>1957 W. Colorado Blvd, Dallas TX 75208</b>	7 Amount of contribution (\$) <b># 100</b>
8 Contributor's principal occupation <b>Attorney</b>		9 Contributor's job title <b>Attorney</b>
10 Contributor's employer/law firm <b>Law Office of Susan Vrana</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>3.21.18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>David Burrows</b> Contributor address; City: State: Zip Code <b>4005 Foxtail Lane, Plano TX 75024</b>	Amount of contribution (\$) <b># 200</b>
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Law Office of David Burrows</b>		Law firm of contributor's spouse (if any) <b>—</b>
If contributor is a child, law firm of parent(s) (if any) <b>—</b>		
Date <b>4.9.18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Martin Lencir</b> Contributor address; City: State: Zip Code <b>3300 Oaklawn #600, Dallas TX 75219</b>	Amount of contribution (\$) <b># 4000</b>
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Law Offices of Martin Lencir</b>		Law firm of contributor's spouse (if any) <b>—</b>
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>15</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <del>4-10</del> 3-21-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Ben Martin</b> 6 Contributor address: City: State: Zip Code <b>3710 Rawlins # 1230, Dallas Tx 75249</b>	7 Amount of contribution (\$) <b>\$250</b>
8 Contributor's principal occupation <b>Attorney</b>		9 Contributor's job title <b>Attorney</b>
10 Contributor's employer/law firm <b>Law Offices of Ben C. Martin</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 3-22-18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Lisa Baron</b> Contributor address: City: State: Zip Code <b>5950 DeLoache Ave./Dallas Tx/75225</b>	Amount of contribution (\$) <b>\$1000</b>
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Baron and Blue</b>		Law firm of contributor's spouse (if any) <b>—</b>
If contributor is a child, law firm of parent(s) (if any) <b>—</b>		
Date 4-2-18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Carol Riddick</b> Contributor address: City: State: Zip Code <b>83 Greenleaf Rd. /S.C/29910</b>	Amount of contribution (\$) <b>\$100</b>
Contributor's principal occupation <b>Retired Vet</b>		Contributor's job title <b>Veterinarian</b>
Contributor's employer/law firm <b>N/A</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>15</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <b>4.10.18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Clayton Smith</b>	7 Amount of contribution (\$) <b>\$ 150</b>
6 Contributor address; City; State; Zip Code <b>3300 Oak Lawn Ave. #600 Dallas TX 75219</b>		
8 Contributor's principal occupation <b>Attorney</b>		9 Contributor's job title <b>Attorney</b>
10 Contributor's employer/law firm <b>Clayton Smith Law Firm</b>		11 Law firm of contributor's spouse (if any) <b>—</b>
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>4.10.18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Karo Smith Johnson</b>	Amount of contribution (\$) <b>\$ 300</b>
Contributor address; City; State; Zip Code <b>3300 Oak Lawn Ave. #600 Dallas TX 75219</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Law Office of Karo Johnson</b>		Law firm of contributor's spouse (if any) <b>—</b>
If contributor is a child, law firm of parent(s) (if any)		
Date <b>4.10.18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>John Little</b>	Amount of contribution (\$) <b>\$ 100</b>
Contributor address; City; State; Zip Code <b>901 Main St. Dallas TX 75201</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Little Pederson Fankhauser</b>		Law firm of contributor's spouse (if any) <b>—</b>
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>15</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <b>4-10-18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Mike Uhl</b>	7 Amount of contribution (\$) <b>\$ 100</b>
6 Contributor address: City; State; Zip Code <b>500 N. Akard St. # 2150 Dallas TX 75201</b>		
8 Contributor's principal occupation <b>Attorney</b>		9 Contributor's job title <b>Attorney</b>
10 Contributor's employer/law firm <b>Michael Uhl, P.C.</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>4-10-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Clark Birdsall</b>	Amount of contribution (\$) <b>\$ 250</b>
Contributor address: City; State; Zip Code <b>9110 Scyone Rd. Dallas TX 75227</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Law Office of Clark Birdsall</b>		Law firm of contributor's spouse (if any) <b>—</b>
If contributor is a child/law firm of parent(s) (if any)		
Date <b>4-10-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Michael O'Neill</b>	Amount of contribution (\$) <b>\$ 500</b>
Contributor address: City; State; Zip Code <b>10420 Royalwood Dr. Dallas TX 75238</b>		
Contributor's principal occupation <b>Retired</b>		Contributor's job title <b>Retired</b>
Contributor's employer/law firm <b>—</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>15</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <b>4.10.18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Christi Rodgers</b>	7 Amount of contribution (\$) <b>\$50</b>
6 Contributor address; City; State; Zip Code <b>11024 Joaquin, Dallas TX 75228</b>		
8 Contributor's principal occupation <b>Accountant</b>		9 Contributor's job title <b>Accountant</b>
10 Contributor's employer/law firm <b>Christi Rodgers</b>		11 Law firm of contributor's spouse (if any) _____
12 If contributor is a child, law firm of parent(s) (if any) _____		
Date <b>4.10.18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Chris Lewis</b>	Amount of contribution (\$) <b>\$1000</b>
Contributor address; City; State; Zip Code <b>3400 Carlisle St. #200 Dallas TX 75204</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Cran Lewis Brogden</b>		Law firm of contributor's spouse (if any) _____
If contributor is a child, law firm of parent(s) (if any) _____		
Date <b>4.10.18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Juan Tasso</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City; State; Zip Code <b>410 S. Beckley Dallas TX 75203</b>		
Contributor's principal occupation <b>Judge</b>		Contributor's job title <b>Judge</b>
Contributor's employer/law firm <b>Justice of the Peace</b>		Law firm of contributor's spouse (if any) _____
If contributor is a child, law firm of parent(s) (if any) _____		

**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 (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1:

15

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

4.10.18

5 Full name of contributor

Thomas Benson

out-of-state PAC ID#: \_\_\_\_\_

7 Amount of contribution (\$)

\$500

6 Contributor address;

900 Jackson St. #750 Dallas TX 75202

City; State; Zip Code

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Benson Criminal Defense

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

4.10.18

Full name of contributor

Thomas Wynne

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

\$100

Contributor address;

2828 N. Harwood St, Dallas TX 75201

City; State; Zip Code

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Milner Finn Price

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

4.10.18

Full name of contributor

Jens Baker

out-of-state PAC ID#: \_\_\_\_\_

Amount of contribution (\$)

\$50

Contributor address;

9616 Tarleton St., Dallas TX 75214

City; State; Zip Code

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Law Office of Jens Baker

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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 (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>15</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <b>4.10.18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Edwin King</b>	7 Amount of contribution (\$) <b>\$ 250</b>
6 Contributor address; City; State; Zip Code <b>400 S. Zang #1000 Dallas Texas 75208</b>		
8 Contributor's principal occupation <b>Attorney</b>		9 Contributor's job title <b>Attorney</b>
10 Contributor's employer/law firm <b>Law Office Edwin King</b>		11 Law firm of contributor's spouse (if any) _____
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>4.10.18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Jack Wilson</b>	Amount of contribution (\$) <b>\$ 250</b>
Contributor address; City; State; Zip Code <b>3300 Oak Lawn #600 Dallas TX 75219</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Law Office of Jack Wilson</b>		Law firm of contributor's spouse (if any) _____
If contributor is a child, law firm of parent(s) (if any)		
Date <b>4.10.18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>George Milner</b>	Amount of contribution (\$) <b>\$ 250</b>
Contributor address; City; State; Zip Code <b>2828 N. Harwood St; Dallas TX 75201</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Milner Finn Price</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>15</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <b>4.10.18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Jim Burnham</b>	7 Amount of contribution (\$) <b>\$500</b>
6 Contributor address; City: State: Zip Code <b>6116 N. Central Expwy #515 Dallas TX 75206</b>		
8 Contributor's principal occupation <b>Attorney</b>		9 Contributor's job title <b>Attorney</b>
10 Contributor's employer/law firm <b>Jim Burnham Law Office</b>		11 Law firm of contributor's spouse (if any) _____
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>4.10.18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Larry Boyd</b>	Amount of contribution (\$) <b>\$100</b>
Contributor address; City: State: Zip Code <b>4303 N. Central Expwy Dallas TX 75205</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Law Office Larry Boyd</b>		Law firm of contributor's spouse (if any) _____
If contributor is a child, law firm of parent(s) (if any)		
Date <b>4.10.18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Shawn Modjarrad</b>	Amount of contribution (\$) <b>\$500</b>
Contributor address; City: State: Zip Code <b>100 N. Central Expwy. #1000 Richardson TX 75080</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title <b>Attorney</b>
Contributor's employer/law firm <b>Modjarrad &amp; Abusaad P.C.</b>		Law firm of contributor's spouse (if any) _____
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>15</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 4-10-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Susan Vrana</i> 6 Contributor address: City: State: Zip Code <i>1957 W. Colorado Blvd. Dallas TX</i>	7 Amount of contribution (\$) <b>\$ 50</b>
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>Law Office of Susan Vrana</i>		11 Law firm of contributor's spouse (if any) —
12 If contributor is a child, law firm of parent(s) (if any)		
Date 4-10-18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Brady Wyatt</i> Contributor address; City; State; Zip Code <i>3300 Oak Lawn #600, Dallas TX 75219</i>	Amount of contribution (\$) <b>\$ 250</b>
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Law Office of Brady Wyatt</i>		Law firm of contributor's spouse (if any) —
If contributor is a child, law firm of parent(s) (if any)		
Date 3-19-18	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Randall Isenberg</i> Contributor address; City; State; Zip Code <i>6830 Prestonshire Ln, Dallas TX 75225</i>	Amount of contribution (\$) <b>\$ 1000</b>
Contributor's principal occupation <i>Lawyer</i>		Contributor's job title <i>Lawyer</i>
Contributor's employer/law firm <i>Law Office of Randall Isenberg</i>		Law firm of contributor's spouse (if any) —
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>15</b>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <b>5-7-18</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>Ted B. Lyon 18601 LBJ Fwy Mesquite TX</b>	7 Amount of contribution (\$) <b>\$500</b>
6 Contributor address: <b>Town East Tower #525 75150</b>		
8 Contributor's principal occupation <b>Lawyer</b>		9 Contributor's job title <b>Lawyer</b>
10 Contributor's employer/law firm <b>Ted B Lyon &amp; Associates</b>		11 Law firm of contributor's spouse (if any) _____
12 If contributor is a child, law firm of parent(s) (if any) _____		
Date <b>5-9-18</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>David L. Osborne</b>	Amount of contribution (\$) <b>\$200</b>
Contributor address; City; State; Zip Code		
Contributor's principal occupation <b>Owner / Manager</b>		Contributor's job title <b>CEO / President</b>
Contributor's employer/law firm <b>United Mechanical</b>		Law firm of contributor's spouse (if any) _____
If contributor is a child, law firm of parent(s) (if any) _____		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <span style="font-size: 2em; color: blue;">2</span>	
2 FILER NAME <span style="font-size: 1.5em; color: blue;">Pamela Smitham "Pamela Luther"</span>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <span style="font-size: 1.5em; color: blue;">5-12-18</span>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em; color: blue;">Turnout TEXAS PAC</span>	8 Amount of Contribution \$ <span style="font-size: 1.5em; color: blue;">\$771.28</span>	9 In-kind contribution description <span style="font-size: 1.5em; color: blue;">Door Hangers / Advertising</span>
7 Contributor address; City; State; Zip Code <span style="font-size: 1.5em; color: blue;">2504 Summit Dr. Irving TX 75062</span>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) <span style="font-size: 1.5em; color: blue;">PAC</span>		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) <span style="font-size: 1.5em; color: blue;">Turnout TEXAS PAC</span>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.5em; color: blue;">Turnout TEXAS PAC</span>	Amount of Contribution \$ <span style="font-size: 1.5em; color: blue;">\$454.65</span>	In-kind contribution description <span style="font-size: 1.5em; color: blue;">Door Hangers / Advertising</span>
	Contributor address; City; State; Zip Code <span style="font-size: 1.5em; color: blue;">2504 Summit Dr. Irving TX 75062</span>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL) <span style="font-size: 1.5em; color: blue;">PAC</span>		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL) <span style="font-size: 1.5em; color: blue;">Turnout TEXAS PAC</span>		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

~~1225.93~~

A2

1534.44

ATTACH ADDITIONAL COPIES OF THIS FORM  
If contributor is out-of-state PAC, please see instruction

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <b>2</b>	
2 FILER NAME <b>Pamela Smitham "Pamela Luther"</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Turnout TEXAS PAC</b>	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code <b>2504 Summit Dr. Irving TX 75062</b>	<b>308.51</b>	<b>State Card / Advertising</b>
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
<b>—</b>		<b>—</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
<b>Turnout TEXAS PAC</b>		<b>—</b>	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>Turnout TEXAS PAC</b>		<b>—</b>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J) <b>21</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>3.6.18</b>	7 Name of lender <input type="checkbox"/> out of state PAC ID# <i>Pamela Smitham "Pamela Luther"</i>	9 Loan Amount (\$) <b>137.48</b>
6 Is lender a financial institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address: City: State: Zip Code <i>4514 Cole Ave. Dallas TX Suite #600 75205</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>
14 Lender's Employer/Law Firm <i>Law Office of Pamela Luther, PLLC</i>		15 Law Firm of lender's spouse (if any) _____
16 If lender is a child, law firm of parent(s) (if any) _____		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address: City: State: Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any) _____		

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): <b>21</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>2-28-18</b>	7 Name of lender <input type="checkbox"/> out of state PAC (ID#) <i>Pamela Smitham "Pamela Luther"</i>	9 Loan Amount (\$) <b>216,46</b>
6 Is lender a financial institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address: City: State: Zip Code <i>4514 Cele Ave. Dallas TX Suite #600 75205</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>
14 Lender's Employer/Law Firm <i>Law Office of Pamela Luther, PLLC</i>		15 Law Firm of lender's spouse (if any) _____
16 If lender is a child, law firm of parent(s) (if any) _____		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address: City: State: Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any) _____		

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The instruction Guide explains how to complete this form.

1 Total pages Schedule E(J):

21

2 FILER NAME

Pamela Smitham: "Pamela Luther"

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

3.1.18

7 Name of lender

out of state PAC filer

Pamela Smitham "Pamela Luther"

9 Loan Amount (\$)

179,67

6 Is lender a financial institution?

Y  N

8 Lender address:

City:

State:

Zip Code

4514 Cole Ave. Dallas TX  
Suite #600 75205

10 Interest rate

11 Maturity date

12 Lender's Principal Occupation

Attorney

13 Lender's Job Title

Attorney

14 Lender's Employer/Law Firm

Law Office of Pamela Luther, PLLC

15 Law Firm of lender's spouse (if any)

16 If lender is a child, law firm of parent(s) (if any)

17 Description of Collateral

none

18 Check if personal funds were deposited into political account (See instructions)

19 GUARANTOR INFORMATION

20 Name of guarantor

22 Amount Guaranteed (\$)

21 Guarantor address:

City:

State:

Zip Code

not applicable

23 Guarantor's Principal Occupation

24 Guarantor's Job Title

25 Guarantor's Employer/Law Firm

26 Law Firm of guarantor's spouse (if any)

27 If guarantor is a child, law firm of parent(s) (if any)

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The instruction Guide explains how to complete this form.		1 Total pages Schedule E(J) <b>21</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>3.1.18</b>	7 Name of lender <input type="checkbox"/> out of state PAC (ID#) <i>Pamela Smitham "Pamela Luther"</i>	9 Loan Amount (\$) <b>23,10</b>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address: City: State: Zip Code <i>4514 Cole Ave. Dallas TX Suite #600 75205</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>
14 Lender's Employer/Law Firm <i>Law Office of Pamela Luther, PLLC</i>		15 Law Firm of lender's spouse (if any) _____
16 If lender is a child, law firm of parent(s) (if any) _____		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address: City: State: Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any) _____		

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): <b>21</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>2-26-18</b>	7 Name of lender <input type="checkbox"/> out of state PAC ID# <i>Pamela Smitham "Pamela Luther"</i>	9 Loan Amount (\$) <b>383.14</b>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N	8 Lender address: City: State: Zip Code <i>4514 Cole Ave. Dallas TX Suite #600 75205</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>
14 Lender's Employer/Law Firm <i>Law Office of Pamela Luther, PLLC</i>		15 Law Firm of lender's spouse (if any) _____
16 If lender is a child, law firm of parent(s) (if any) _____		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address: City: State: Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any) _____		

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The instruction Guide explains how to complete this form.		1 Total pages Schedule E(J) <b>21</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>2.26.18</b>	7 Name of lender <input type="checkbox"/> out of state PAC (ID#) <i>Pamela Smitham "Pamela Luther"</i>	9 Loan Amount (\$) <b>366.86</b>
6 Is lender a financial Institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address: City: State: Zip Code <i>4514 Cole Ave. Dallas TX Suite #600 75205</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>
14 Lender's Employer/Law Firm <i>Law Office of Pamela Luther, PLLC</i>		15 Law Firm of lender's spouse (if any) _____
16 If lender is a child, law firm of parent(s) (if any) _____		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address: City: State: Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any) _____		

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J) <b>21</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>2-28-18</b>	7 Name of lender <input type="checkbox"/> out of state PAC (ID#) <i>Pamela Smitham "Pamela Luther"</i>	9 Loan Amount (\$) <b>533.54</b>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address: City: State: Zip Code <i>4514 Cele Ave. Dallas TX Suite #600 75205</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>
14 Lender's Employer/Law Firm <i>Law Office of Pamela Luther, PLLC</i>		15 Law Firm of lender's spouse (if any) —
16 If lender is a child, law firm of parent(s) (if any) —		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address: City: State: Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any) —		

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): <b>21</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>4.9.18</b>	7 Name of lender <input type="checkbox"/> out of state PAC (ID#) <i>Pamela Smitham "Pamela Luther"</i>	9 Loan Amount (\$) <b>15.41</b>
6 Is lender a financial institution? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	8 Lender address: City: State: Zip Code <i>4514 Cele Ave. Dallas TX Suite #600 75205</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>
14 Lender's Employer/Law Firm <i>Law Office of Pamela Luther, PLLC</i>		15 Law Firm of lender's spouse (if any) —
16 If lender is a child, law firm of parent(s) (if any) —		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address: City: State: Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any) —		

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

# LOANS (JUDICIAL)

# SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): <b>21</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>4-13-18</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pamela Smitham "Pamela Luther"</i>	9 Loan Amount (\$) <b>47.26</b>
6 Is lender a financial Institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <i>4514 Cele Ave. Dallas TX Suite #600 75205</i>	10 Interest rate <b>—</b>
		11 Maturity date <b>—</b>
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>
14 Lender's Employer/Law Firm <i>Law Office of Pamela Luther, PLLC</i>		15 Law Firm of lender's spouse (if any) <b>—</b>
16 If lender is a child, law firm of parent(s) (if any) <b>—</b>		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): <b>21</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>4.11.18</b>	7 Name of lender <input type="checkbox"/> out of state PAC (ID# ) <i>Pamela Smitham "Pamela Luther"</i>	9 Loan Amount (\$) <b>\$50</b>
6 Is lender a financial institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address: City: State: Zip Code <i>4514 Cele Ave. Dallas TX Suite #600 75205</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>
14 Lender's Employer/Law Firm <i>Law Office of Pamela Luther, PLLC</i>		15 Law Firm of lender's spouse (if any) _____
16 If lender is a child, law firm of parent(s) (if any) _____		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address: City: State: Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any) _____		

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): <b>21</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>4-11-18</b>	7 Name of lender <input type="checkbox"/> out of state PAC (ID#) <i>Pamela Smitham "Pamela Luther"</i>	9 Loan Amount (\$) <b>24.40</b>
6 Is lender a financial institution? <input checked="" type="radio"/> Y <input type="radio"/> N	8 Lender address: City: State: Zip Code <i>4514 Cele Ave. Dallas TX Suite #600 75205</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>
14 Lender's Employer/Law Firm <i>Law Office of Pamela Luther, PLLC</i>		15 Law Firm of lender's spouse (if any)
16 If lender is a child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address: City: State: Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J) <b>21</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>5.1.18</b>	7 Name of lender <input type="checkbox"/> out of state PAC (ID#) <i>Pamela Smitham "Pamela Luther"</i>	9 Loan Amount (\$) <b>99.00</b>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address: City: State: Zip Code <i>4514 Cele Ave. Dallas TX Suite #600 75205</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>
14 Lender's Employer/Law Firm <i>Law Office of Pamela Luther, PLLC</i>		15 Law Firm of lender's spouse (if any) —
16 If lender is a child, law firm of parent(s) (if any) —		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address: City: State: Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any) —		

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

**LOANS (JUDICIAL).**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): <b>21</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>4.24.18</b>	7 Name of lender <input type="checkbox"/> out of state PAC (ID#) <i>Pamela Smitham "Pamela Luther"</i>	9 Loan Amount (\$) <b>147,877</b>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address: City: State: Zip Code <i>4514 Cele Ave. Dallas TX Suite #600 75205</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>
14 Lender's Employer/Law Firm <i>Law Office of Pamela Luther, PLLC</i>		15 Law Firm of lender's spouse (if any) _____
16 If lender is a child, law firm of parent(s) (if any) _____		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address: City: State: Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any) _____		

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E(J):

21

2 FILER NAME

Pamela Smitham "Pamela Luther"

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

4-24-18

7 Name of lender

Pamela Smitham "Pamela Luther"

out of state PAC (ID#)

9 Loan Amount (\$)

102,23

6 Is lender a financial institution?

Y  N

8 Lender address:

4514 Cele Ave. Suite #600

City:

Dallas TX

State:

Zip Code

75205

10 Interest rate

11 Maturity date

12 Lender's Principal Occupation

Attorney

13 Lender's Job Title

Attorney

14 Lender's Employer/Law Firm

Law Office of Pamela Luther, PLLC

15 Law Firm of lender's spouse (if any)

16 If lender is a child, law firm of parent(s) (if any)

17 Description of Collateral

none

18 Check if personal funds were deposited into political account (See Instructions)

19 GUARANTOR INFORMATION

20 Name of guarantor

22 Amount Guaranteed (\$)

21 Guarantor address:

City:

State:

Zip Code

not applicable

23 Guarantor's Principal Occupation

24 Guarantor's Job Title

25 Guarantor's Employer/Law Firm

26 Law Firm of guarantor's spouse (if any)

27 If guarantor is a child, law firm of parent(s) (if any)

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J) <b>21</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>4-13-18</b>	7 Name of lender <input type="checkbox"/> out of state PAC (ID#) <i>Pamela Smitham "Pamela Luther"</i>	9 Loan Amount (\$) <b>257.26</b>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address: City: State: Zip Code <i>4514 Cele Ave. Dallas TX Suite #600 75205</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>
14 Lender's Employer/Law Firm <i>Law Office of Pamela Luther, PLLC</i>		15 Law Firm of lender's spouse (if any) _____
16 If lender is a child, law firm of parent(s) (if any) _____		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address: City: State: Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any) _____		

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J) <b>21</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>5.1.18</b>	7 Name of lender <input type="checkbox"/> out of state PAC (ID#) <i>Pamela Smitham "Pamela Luther"</i>	9 Loan Amount (\$) <b>93.52</b>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address: City: State: Zip Code <i>4514 Cele Ave. Dallas TX Suite #600 75205</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>
14 Lender's Employer/Law Firm <i>Law Office of Pamela Luther, PLLC</i>		15 Law Firm of lender's spouse (if any) —
16 If lender is a child, law firm of parent(s) (if any) —		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address: City: State: Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any) —		

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): <b>21</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>5.1.18</b>	7 Name of lender <input type="checkbox"/> out of state PAC (ID#) <i>Pamela Smitham "Pamela Luther"</i>	9 Loan Amount (\$) <b>626.68</b>
6 Is lender a financial institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address: City: State: Zip Code <i>4514 Cele Ave. Dallas TX Suite #600 75205</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>
14 Lender's Employer/Law Firm <i>Law Office of Pamela Luther, PLLC</i>		15 Law Firm of lender's spouse (if any) _____
16 If lender is a child, law firm of parent(s) (if any) _____		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address: City: State: Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any) _____		

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): <b>21</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>4.2.18</b>	7 Name of lender <input type="checkbox"/> out of state PAC ID# <i>Pamela Smitham "Pamela Luther."</i>	9 Loan Amount (\$) <b>505.19</b>
6 Is lender a financial Institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address: City: State: Zip Code <i>4514 Cole Ave. Dallas TX Suite #600 75205</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>
14 Lender's Employer/Law Firm <i>Law Office of Pamela Luther, PLLC</i>		15 Law Firm of lender's spouse (if any) —
16 If lender is a child, law firm of parent(s) (if any) —		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address: City: State: Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any) —		

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): <b>21</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>4.2.18</b>	7 Name of lender <input type="checkbox"/> out of state PAC (ID# ) <i>Pamela Smitham "Pamela Luther"</i>	9 Loan Amount (\$) <b>138,86</b>
6 Is lender a financial institution? <input checked="" type="radio"/> Y <input type="radio"/> N	8 Lender address: City: State: Zip Code <i>4514 Cele Ave. Dallas TX Suite #600 75205</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>
14 Lender's Employer/Law Firm <i>Law Office of Pamela Luther, PLLC</i>		15 Law Firm of lender's spouse (if any) —
16 If lender is a child, law firm of parent(s) (if any) —		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address: City: State: Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any) —		

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): <b>21</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>4.13.18</b>	7 Name of lender <input type="checkbox"/> out of state PAC (ID#) <i>Pamela Smitham "Pamela Luther"</i>	9 Loan Amount (\$) <b>492.74</b>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address: City: State: Zip Code <i>4514 Cele Ave. Dallas TX Suite #600 75205</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>
14 Lender's Employer/Law Firm <i>Law Office of Pamela Luther, PLLC</i>		15 Law Firm of lender's spouse (if any) _____
16 If lender is a child, law firm of parent(s) (if any) _____		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address: City: State: Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any) _____		

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): <b>21</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>3.6.18</b>	7 Name of lender <input type="checkbox"/> out of state PAC ID# <i>Pamela Smitham "Pamela Luther"</i>	9 Loan Amount (\$) <b>612.52</b>
6 Is lender a financial institution?  Y <input checked="" type="radio"/> N	8 Lender address: City: State: Zip Code <i>4514 Cele Ave. Dallas TX Suite #600 75205</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>
14 Lender's Employer/Law Firm <i>Law Office of Pamela Luther, PLLC</i>		15 Law Firm of lender's spouse (if any) _____
16 If lender is a child, law firm of parent(s) (if any) _____		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address: City: State: Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any) _____		

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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: <i>15</i>	<b>2</b> FILER NAME <i>Pamela Smitham "Pamela Luther"</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>4-13-18</i>	<b>5</b> Payee name <i>Facebook</i>	
<b>6</b> Amount (\$) <i>47.26</i>	<b>7</b> Payee address; City; State; Zip Code <i>1601 Willow Rd. Menlo Park, CA 94025-1452</i>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <i>Ad. Expense</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>4-11-18</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>50.00</i>	Payee address; City; State; Zip Code <i>1601 Willow Rd. Menlo Park, CA. 94025-1452</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <i>Ad. Expense</i>	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 <i>4-11-18</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>24.40</i>	Payee address; City; State; Zip Code <i>1601 Willow Rd. Menlo Park, CA 94025-1452</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <i>Ad. Expense.</i>	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

## 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: <i>15</i>	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <i>5-1-18</i>	<b>5</b> Payee name <i>Waymark</i>				
<b>6</b> Amount (\$) <i>\$ 99.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>1601 Willow Rd. Menlo Park, CA 94025 <del>##</del> 1452</i>				
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <i>Ad. Expense</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>4-24-18</i>	Payee name <i>Facebook</i>				
Amount (\$) <i>147.77</i>	Payee address; City; State; Zip Code <i>1601 Willow Rd. Menlo Park, CA 94025-1452</i>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <i>Ad. Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date <i>4-24-18</i>	Payee name <i>Facebook</i>				
Amount (\$) <i>102.23</i>	Payee address; City; State; Zip Code <i>1601 Willow Rd. Menlo Park, CA 94025-1452</i>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <i>Ad. Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table border="0" style="width:100%;"> <tr> <td style="width:50%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:25%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:20%;">Office held</td> </tr> </table>		<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
<b>9</b> 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

## 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: <i>15</i>	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>4-13-18</i>	<b>5</b> Payee name <i>Facebook</i>	
<b>6</b> Amount (\$) <i>257.26</i>	<b>7</b> Payee address; City; State; Zip Code <i>1601 <del>Mendo Park</del> Willow Rd. Menlo Park, CA 94025-1452</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Ad. Expense</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>5-1-18</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>93.52</i>	Payee address; City; State; Zip Code <i>1601 Willow Rd. <del>#</del> Menlo Park, CA 94025-1452</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Ad. Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>5-1-18</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>626.68</i>	Payee address; City; State; Zip Code <i>1601 Willow Rd. Menlo Park, CA 94025-1452</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Ad. Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### 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: <b>15</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
-----------------------------------------	--------------	---------------------------------------

4 Date <b>4-2-18</b>	5 Payee name <b>Facebook</b>
-------------------------	---------------------------------

6 Amount (\$) <b>505.19</b>	7 Payee address; City; State; Zip Code <b>1601 Willow Rd. Menlo Park, CA 94025-1452</b>
--------------------------------	------------------------------------------------------------------------------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Ad. Expense</b>	(b) Description <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 <b>4-2-18</b>	Payee name <b>Facebook</b>
-----------------------	-------------------------------

Amount (\$) <b>138.86</b>	Payee address; City; State; Zip Code <b>1601 Willow Rd. Menlo Park, CA 94025-1452</b>
------------------------------	----------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Ad. Expense</b>	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 <b>4-13-18</b>	Payee name <b>Facebook</b>
------------------------	-------------------------------

Amount (\$) <b>492.74</b>	Payee address; City; State; Zip Code <b>1601 Willow Rd. Menlo Park, CA 94025-1452</b>
------------------------------	----------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Ad. Expense</b>	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

## 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: <i>15</i>	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3-6-18</i>	<b>5</b> Payee name <i>Facebook</i>	
<b>6</b> Amount (\$) <i>612.52</i>	<b>7</b> Payee address; City; State; Zip Code <i>1601 Willow Rd. Menlo Park, CA 94025</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Ad. Expense</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>3-6-18</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>137.48</i>	Payee address; City; State; Zip Code <i>1601 Willow Rd. Menlo Park, CA 94025</i>	
<b>PURPOSE OF EXPENDITURE</b>	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: _____	

6

Date <i>3-30-18</i>	Payee name <i>Dallas Democrats</i>	
Amount (\$) <i>100.00</i>	Payee address; City; State; Zip Code <i>17201 Hidden Glen Dr. Dallas, TX 75248</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Ad: Expense</i>	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

### 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: <b>15</b>		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date <b>2-28-18</b>		5 Payee name <b>Facebook</b>			
6 Amount (\$) <b>216.46</b>		7 Payee address; City; State; Zip Code <b>1601 Willow Rd Menlo Park, CA 94025-1452</b>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Ad. Expense</b>		(b) Description <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 <b>3-1-18</b>		Payee name <b>Facebook</b>			
Amount (\$) <b>179.67</b>		Payee address; City; State; Zip Code <b>1601 Willow Rd. Menlo Park, CA 94025-1452</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Ad Expense</b>		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 <b>3-1-18</b>		Payee name <b>Facebook</b>			
Amount (\$) <b>23.10</b>		Payee address; City; State; Zip Code <b>1601 Willow Rd. Menlo Park, CA 94025-1452</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Ad. Expense</b>		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

## 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: <b>15</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
-----------------------------------------	--------------	---------------------------------------

4 Date <b>2-26-18</b>	5 Payee name <b>Facebook</b>
--------------------------	---------------------------------

6 Amount (\$) <b>383.14</b>	7 Payee address; City; State; Zip Code <b>1601 Willow Rd. Menlo Park, CA 94025-1452</b>
--------------------------------	------------------------------------------------------------------------------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Ad. Expense</b>	(b) Description <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 <b>2-26-18</b>	Payee name <b>Facebook</b>
------------------------	-------------------------------

Amount (\$) <b>\$366.86</b>	Payee address; City; State; Zip Code <b>1601 Willow Rd. Menlo Park, CA 94025-1452</b>
--------------------------------	----------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Ad. Expense</b>	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 <b>2-28-18</b>	Payee name <b>Facebook</b>
------------------------	-------------------------------

Amount (\$) <b>533.54</b>	Payee address; City; State; Zip Code <b>1601 Willow Rd. Menlo Park, CA 94025-1452</b>
------------------------------	----------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Ad. Expense</b>	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

## 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: <b>15</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
-----------------------------------------	--------------	---------------------------------------

4 Date <b>4-17-18</b>	5 Payee name <b>Bin Torres</b>
--------------------------	-----------------------------------

6 Amount (\$) <b>150<sup>00</sup> / X</b>	7 Payee address; City; State; Zip Code <b>PO Box 600380 Dallas TX 75360</b>
----------------------------------------------	------------------------------------------------------------------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense (photographer)</b>	(b) Description <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 <b>4-18-18</b>	Payee name <b>Beto for Texas</b>
------------------------	-------------------------------------

Amount (\$) <b>25.00</b>	Payee address; City; State; Zip Code <b>5907 Burnet Rd. Austin TX 78757</b>
-----------------------------	------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contribution</b>	Description <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 <b>4-20-18</b>	Payee name <b>Democracy Toolbox</b>
------------------------	----------------------------------------

Amount (\$) <b>\$ 6000.00</b>	Payee address; City; State; Zip Code <b>8813 Falcon Crest Dr. McKinney TX 75070</b>
----------------------------------	--------------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Expense <del>reimbursement</del></b>	Description <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

### 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: <i>15</i>	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3-30-18</i>	<b>5</b> Payee name <i>Ennis State Bank</i>	
<b>6</b> Amount (\$) <i>11.11</i>	<b>7</b> Payee address; City; State; Zip Code <i>815 W. Ennis Ave Ennis TX 75119</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fees (Bank)</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>4-9-18</i>	Payee name <i>Edwards + Patterson</i>	
Amount (\$) <i>2,013.45</i>	Payee address; City; State; Zip Code <i>203 S. Beltline Rd. Irving TX 75060</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Printing Expense (signs)</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>4-12-18</i>	Payee name <i>St. Pete's Dancing Martin</i>	
Amount (\$) <i>144.95</i>	Payee address; City; State; Zip Code <i>2730 Commerce Street Dallas TX 75226</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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: _____	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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: <b>15</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
-----------------------------------------	--------------	---------------------------------------

4 Date <b>2-28-18</b>	5 Payee name <b>Ennis State Bank</b>
--------------------------	-----------------------------------------

6 Amount (\$) <b>11.95</b>	7 Payee address; City; State; Zip Code <b>815 W. Ennis Ave. Ennis, TX 75119</b>
-------------------------------	----------------------------------------------------------------------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>fees</b>	(b) Description <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 <b>3-12-18</b>	Payee name <b>Vistaprint</b>
------------------------	---------------------------------

Amount (\$) <b>23.25</b>	Payee address; City; State; Zip Code <b>275 Wayman St. Waltham, MA 02451</b>
-----------------------------	-------------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	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 <b>3-12-18</b>	Payee name <b>Vistaprint</b>
------------------------	---------------------------------

Amount (\$) <b>68.22</b>	Payee address; City; State; Zip Code <b>275 Wayman St. Waltham, MA 02451</b>
-----------------------------	-------------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	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

## 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: <b>15</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
-----------------------------------------	--------------	---------------------------------------

4 Date <b>4-30-18</b>	5 Payee name <b>Ennis State Bank</b>
--------------------------	-----------------------------------------

6 Amount (\$) <b>12.25</b>	7 Payee address; City; State; Zip Code <b>815 W. Ennis Ave. Ennis TX 75119</b>
-------------------------------	---------------------------------------------------------------------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <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 <b>5-1-18</b>	Payee name <b>Ray &amp; Wood</b>
-----------------------	-------------------------------------

Amount (\$) <b>591.25</b>	Payee address; City; State; Zip Code <b>2700 Bee Caves Rd. #200 Austin TX 78746</b>
------------------------------	--------------------------------------------------------------------------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Legal Services</b>	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 <b>5-1-18</b>	Payee name <b>Beyond the Slogan</b>
-----------------------	----------------------------------------

Amount (\$) <b>5,000.00</b>	Payee address; City; State; Zip Code <b>8813 Falcon Crest Dr. McKinney Tx 75070</b>
--------------------------------	--------------------------------------------------------------------------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	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

### 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<br>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: <b>15</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
-----------------------------------------	--------------	---------------------------------------

4 Date <b>3-27-18</b>	5 Payee name <b>Ray &amp; Wood</b>
--------------------------	---------------------------------------

6 Amount (\$) <b>109.67</b>	7 Payee address; City; State; Zip Code <b>2700 Bee Caves Rd. #200 Austin TX 78746</b>
--------------------------------	----------------------------------------------------------------------------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Legal Services</b>	(b) Description <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 <b>3-30-18</b>	Payee name <b>Vistaprint</b>
------------------------	---------------------------------

Amount (\$) <b>26.25</b>	Payee address; City; State; Zip Code <b>275 Wayman St. Waltham, MA 02451</b>
-----------------------------	-------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	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 <b>3-30-18</b>	Payee name <b>Vistaprint</b>
------------------------	---------------------------------

Amount (\$) <b>144.22</b>	Payee address; City; State; Zip Code <b>275 Wayman St. Waltham, MA 02451</b>
------------------------------	-------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	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

## 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: <i>15</i>	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>3-12-18</i>	<b>5</b> Payee name <i>Zazzle</i>	
<b>6</b> Amount (\$) <i>153.39</i>	<b>7</b> Payee address; City; State; Zip Code <i>1800 Seaport Blvd. Redwood City, CA 94063</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Ad. Expense</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>3-13-18</i>	Payee name <i>Ben Jarvis</i>	
Amount (\$) <i>410.70</i>	Payee address; City; State; Zip Code <i>PO Box 600380 Dallas TX 75360</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense (photographer)</i>	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 <i>3-19-18</i>	Payee name <i>Carrollton Democrats</i>	
Amount (\$) <i>\$20.00</i>	Payee address; City; State; Zip Code <i>2727 Raintree Dr. Carrollton, TX 75006</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Contribution</i>	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

### 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: <b>15</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date <del>4-9-18</del>	5 Payee name <del>23 Senatorial District Tejano Democrats</del>	
6 Amount (\$) <del>1541</del>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <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 <b>2-26-18</b>	Payee name <b>Ray &amp; Wood</b>		
Amount (\$) <b>327.34</b>	Payee address; City; State; Zip Code <b>2700 Bee Caves Rd #200 Austin TX 78746</b>		
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	
	<b>Legal Services</b>		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name      Office sought      Office held			

Date <b>2-21-18</b>	Payee name <b>Kenneth Wincorn</b>		
Amount (\$) <b>\$150.</b>	Payee address; City; State; Zip Code <b>100 N. Central Expy #1310 Richardson, TX 75080</b>		
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	
	<b>Other (reimbursement for accidental charge)</b>		
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

## 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: <b>15</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
-----------------------------------------	--------------	---------------------------------------

4 Date <b>5-7-18</b>	5 Payee name <b>Reilly Echols Printing</b>
-------------------------	-----------------------------------------------

6 Amount (\$) <b>584.55</b>	7 Payee address; City; State; Zip Code <b>1710 S. Harwood St. Dallas, TX 75215</b>
--------------------------------	-------------------------------------------------------------------------------------------

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense (pushcards)</b>	(b) Description <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 <b>5-11-18</b>	Payee name <b>Edwards &amp; Patterson</b>
------------------------	----------------------------------------------

Amount (\$) <b>662.49</b>	Payee address; City; State; Zip Code <b>203 S. Beltline Rd. Irving TX 75060</b>
------------------------------	----------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense (yard signs)</b>	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**