



# 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

COMMITTEE NAME

GENERAL

*Turnout TEXAS PAC*

SPECIFIC

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

\$ *25,834.32*

CONTRIBUTION  
BALANCE

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

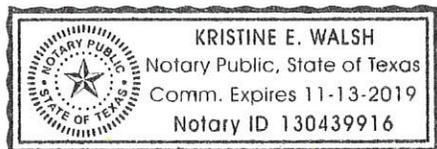
\$ *3520.52*

OUTSTANDING  
LOAN TOTALS

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

\$ *19,366.12*

18 AFFIDAVIT



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 Luther*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE.

Sworn to and subscribed before me, by the said *Pamela Smitham Luther*, this the *16<sup>th</sup>* day of *July*, 20 *18*, to certify which, witness my hand and seal of office.

*Kristine E. Walsh*

Signature of officer administering oath

*Kristine E. Walsh*

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<br>NAME OF SCHEDULE   |  | SUBTOTAL<br>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              |  | \$ 1534.44                             |
| 3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                     |  | \$ —                                   |
| 4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)  |  | \$ 9,109.69                            |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS    |  | \$ 25,833.72                           |
| 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:

15

2 FILER NAME

*Pamela Lusher (Pamela Smitham)*

3 Filer ID (Ethics Commission Filers)

4 Date

4-30-18

5 Full name of contributor

*Kendall Scudder*

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

7 Amount of contribution (\$)

*\$ 20.18*

6 Contributor address: City: State: Zip Code

*2158 Montalba Ave. Dallas TX 75228*

8 Contributor's principal occupation

*Manager*

9 Contributor's job title

*Mgr of Community Services*

10 Contributor's employer/law firm

*Atlantic Housing*

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

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

Date

4-30-18

Full name of contributor

*Bill Knox*

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

Amount of contribution (\$)

*\$ 500*

Contributor address; City; State; Zip Code

*900 Jackson St. # 650 Dallas TX*

Contributor's principal occupation

*Lawyer*

Contributor's job title

*Lawyer*

Contributor's employer/law firm

*Law Office of Bill Knox*

Law firm of contributor's spouse (if any)

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

Date

5-4-18

Full name of contributor

*Ray Hindieh*

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

Amount of contribution (\$)

*\$ 250*

Contributor address; City; State; Zip Code

*3300 Oak Lawn #408 Dallas TX 75219*

Contributor's principal occupation

*Lawyer*

Contributor's job title

*Lawyer*

Contributor's employer/law firm

*Puente + Hindieh PLLC*

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:<br><b>15</b>            |
| 2 FILER NAME  |   | 3 Filer ID (Ethics Commission Filers)                 |
| 4 Date<br><b>4-7-18</b>   | 5 Full name of contributor<br><b>John Reoch</b><br>6 Contributor address:<br><b>2323 Bryan St. #2200 Dallas TX</b><br><input type="checkbox"/> out-of-state PAC ID#:<br><b>75201</b>  | 7 Amount of contribution (\$)<br><b>\$50</b>          |
| 8 Contributor's principal occupation<br><b>Lawyer</b>             |   | 9 Contributor's job title<br><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<br><b>4-11-18</b>  | Full name of contributor<br><b>Vic Sasso</b><br>Contributor address;<br><b>6440 N. Central Expwy #309 Dallas TX</b><br><input type="checkbox"/> out-of-state PAC ID#:<br><b>75206</b> | Amount of contribution (\$)<br><b>\$100</b>           |
| Contributor's principal occupation<br><b>Attorney</b>             |   | Contributor's job title<br><b>Attorney</b>            |
| Contributor's employer/law firm<br><b>Law Office of Vic Sasso</b> |   | Law firm of contributor's spouse (if any)<br><b>—</b> |
| If contributor is a child, law firm of parent(s) (if any)         |   |   |
|   |   |   |
| Date<br><b>4.24.18</b>  | Full name of contributor<br><b>Melanie Smith</b><br>Contributor address;<br><b>3620 Waldorf Dr., Dallas TX</b><br><input type="checkbox"/> out-of-state PAC ID#:<br><b>75229</b>      | Amount of contribution (\$)<br><b>\$250</b>           |
| Contributor's principal occupation<br><b>retired</b>              |   | Contributor's job title<br><b>retired</b>             |
| Contributor's employer/law firm<br><b>—</b>                       |   | Law firm of contributor's spouse (if any)<br><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:<br><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#                               | 7 Amount of contribution (\$)                     |
| 4.9.18   | Kenneth Wincorn<br>6 Contributor address: City: State: Zip Code<br>14906 Grayport, Dallas TX 75248     | \$150   |
| 8 Contributor's principal occupation<br>Attorney                     |  | 9 Contributor's job title<br>Attorney             |
| 10 Contributor's employer/law firm<br>Law Offices of Kenneth Wincorn |  | 11 Law firm of contributor's spouse (if any)<br>— |
| 12 If contributor is a child, law firm of parent(s) (if any)<br>—    |  |   |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#                                 | Amount of contribution (\$)                       |
| 4.9.18   | Robert Lenz<br>Contributor address: City: State: Zip Code<br>6060 N. Central Expw #500 Dallas TX 75206 | \$100   |
| Contributor's principal occupation<br>Lawyer                         |  | Contributor's job title<br>Lawyer                 |
| Contributor's employer/law firm<br>Lenz Law Office                   |  | Law firm of contributor's spouse (if any)<br>—    |
| If contributor is a child, law firm of parent(s) (if any)<br>—       |  |   |
| Date   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#                                 | Amount of contribution (\$)                       |
| 4.7.18   | Brian Gray<br>Contributor address: City: State: Zip Code<br>3203 Brookhauen Club Dr., Dallas TX 75234  | \$100   |
| Contributor's principal occupation<br>Attorney                       |  | Contributor's job title<br>Attorney               |
| Contributor's employer/law firm<br>Law Offices of Brian Gray         |  | Law firm of contributor's spouse (if any)<br>—    |
| If contributor is a child, law firm of parent(s) (if any)<br>—       |  |   |

**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:<br><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# _____<br><b>Paul Saputo</b>  | 7 Amount of contribution (\$)<br><b>\$ 100</b>        |
| <b>4.12.18</b>   | 6 Contributor address: City: State: Zip Code<br><b>1320 Griffin St. East, Dallas TX 75215</b>         |   |
| 8 Contributor's principal occupation<br><b>Lawyer</b>  |   | 9 Contributor's job title<br><b>Lawyer</b>            |
| 10 Contributor's employer/law firm<br><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   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____<br><b>Carl Scaglione</b> | Amount of contribution (\$)<br><b>\$ 50</b>           |
| <b>4.19.18</b>   | Contributor address: City: State: Zip Code<br><b>1715 Linden Ave, Baltimore MD 21217</b>              |   |
| Contributor's principal occupation<br><b>Retired</b>   |   | Contributor's job title<br><b>Retired</b>             |
| Contributor's employer/law firm<br><b>—</b>  |   | Law firm of contributor's spouse (if any)<br><b>—</b> |
| 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# _____<br><b>Thomas Walsh</b>   | Amount of contribution (\$)<br><b>\$ 100</b>          |
| <b>4.10.18</b>   | Contributor address: City: State: Zip Code<br><b>4514 Cole Ave. #600, Dallas TX 75205</b>             |   |
| Contributor's principal occupation<br><b>Attorney</b>  |   | Contributor's job title<br><b>Attorney</b>            |
| Contributor's employer/law firm<br><b>Law Office of Tom Walsh</b>  |   | Law firm of contributor's spouse (if any)<br><b>—</b> |
| If contributor is a child, law firm of parent(s) (if any)  |   |   |
|  |   |   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |   |

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule A(J)1:<br><b>15</b>        |
| 2 FILER NAME  |  | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br><b>4-19-18</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br><b>Kenneth Wincom</b> | 7 Amount of contribution (\$)<br><b>\$150</b>     |
| 6 Contributor address: City: State: Zip Code <b>75080</b><br><b>100 N Central Expy #1310, Dallas TX</b> |  |   |
| 8 Contributor's principal occupation<br><b>Lawyer</b>   |  | 9 Contributor's job title<br><b>Lawyer</b>        |
| 10 Contributor's employer/law firm<br><b>Law Office of Kenneth Wincom</b>                               |  | 11 Law firm of contributor's spouse (if any)<br>— |
| 12 If contributor is a child, law firm of parent(s) (if any)  |  |   |
|   |  |   |
| Date<br><b>4-10-18</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:<br><b>Richard Corbett</b>  | Amount of contribution (\$)<br><b>\$250</b>       |
| Contributor address; City: State: Zip Code <b>75206</b><br><b>6440 N. Central Expy #402 Dallas TX</b>   |  |   |
| Contributor's principal occupation<br><b>Lawyer</b>   |  | Contributor's job title<br><b>Lawyer</b>          |
| Contributor's employer/law firm<br><b>Law Office of Richard Corbett</b>                                 |  | Law firm of contributor's spouse (if any)<br>—    |
| 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#:<br><b>Kenneth Nixon</b>    | Amount of contribution (\$)<br><b>\$100</b>       |
| Contributor address; City: State: Zip Code<br><b>215 Sunray Lane, Sunnyvale TX. 75782</b>               |  |   |
| Contributor's principal occupation<br><b>retired</b>  |  | Contributor's job title<br>—                      |
| Contributor's employer/law firm<br><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:

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 (\$)

4.3.18

Susan Vrana

\$ 100

6 Contributor address; City; State; Zip Code

1957 W. Colorado Blvd, Dallas TX 75208

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Law Office of Susan Vrana

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 (\$)

3.21.18

David Burrows

\$ 200

Contributor address; City; State; Zip Code

4005 Foxtail Lane, Plano TX 75024

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Law Office of David Burrows

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 (\$)

4.9.18

Martin Lencir

\$ 4000

Contributor address; City; State; Zip Code

3300 Oaklawn #600, Dallas TX 75219

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Law Offices of Martin Lencir

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

5 Full name of contributor

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

7 Amount of contribution (\$)

~~4-18~~  
3-21-18

Ben Martin

\$250

6 Contributor address:

City: State: Zip Code

3710 Rawlins #1230, Dallas TX 75219

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Law Offices of Ben C. Martin

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 (\$)

3-22-18

Lisa Baron

\$1000

Contributor address:

City: State: Zip Code

5950 DeLoache Ave./Dallas TX/75225

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Baron and Blue

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 (\$)

4-2-18

Carol Riddick

\$100

Contributor address:

City: State: Zip Code

83 Greenleaf Rd./S.C./29910

Contributor's principal occupation

Retired Vet

Contributor's job title

Veterinarian

Contributor's employer/law firm

N/A

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  out-of-state PAC ID#:

Clayton Smith

7 Amount of contribution (\$)

\$ 150

6 Contributor address; City; State; Zip Code

3300 Oak Lawn Ave. #600 Dallas TX 75219

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Clayton Smith 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

4.10.18

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

Karo Smith Johnson

Amount of contribution (\$)

\$ 300

Contributor address; City; State; Zip Code

3300 Oak Lawn Ave. #600 Dallas TX 75219

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Law Office of Karo Johnson

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  out-of-state PAC ID#:

John Little

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

901 Main St. Dallas TX 75201

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Little Pederson Fankhauser

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:<br><b>15</b>              |
| 2 FILER NAME   |   | 3 Filer ID (Ethics Commission Filers)                   |
| 4 Date<br><b>4-10-18</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Mike Uhl</b>      | 7 Amount of contribution (\$)<br><b>\$ 100</b>          |
| 6 Contributor address: City: State: Zip Code<br><b>500 N. Akard St. # 2150 Dallas TX 75201</b>   |   |   |
| 8 Contributor's principal occupation<br><b>Attorney</b>  |   | 9 Contributor's job title<br><b>Attorney</b>            |
| 10 Contributor's employer/law firm<br><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<br><b>4-10-18</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Clark Birdsall</b>  | Amount of contribution (\$)<br><b>\$ 250</b>            |
| Contributor address; City; State; Zip Code<br><b>9110 Scyone Rd. Dallas TX 75227</b>   |   |   |
| Contributor's principal occupation<br><b>Attorney</b>  |   | Contributor's job title<br><b>Attorney</b>              |
| Contributor's employer/law firm<br><b>Law Office of Clark Birdsall</b>   |   | Law firm of contributor's spouse (if any)<br><b>---</b> |
| If contributor is a child/law firm of parent(s) (if any)   |   |   |
| Date<br><b>4-10-18</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____<br><b>Michael O'Neill</b> | Amount of contribution (\$)<br><b>\$ 500</b>            |
| Contributor address; City; State; Zip Code<br><b>10420 Royalwood Dr. Dallas TX 75238</b>   |   |   |
| Contributor's principal occupation<br><b>Retired</b>   |   | Contributor's job title<br><b>Retired</b>               |
| Contributor's employer/law firm<br><b>---</b>  |   | Law firm of contributor's spouse (if any)               |
| If contributor is a child, law firm of parent(s) (if any)  |   |   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |   |

# 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

Christi Rodgers

out-of-state PAC ID#

7 Amount of contribution (\$)

\$50

6 Contributor address;

11024 Joaquin, Dallas TX 75228

City; State; Zip Code

8 Contributor's principal occupation

Accountant

9 Contributor's job title

Accountant

10 Contributor's employer/law firm

Christi Rodgers

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

Chris Lewis

out-of-state PAC ID#

Amount of contribution (\$)

\$1000

Contributor address;

3400 Carlisle St. #200 Dallas TX 75204

City; State; Zip Code

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Crain Lewis Brogden

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

Juan Jasso

out-of-state PAC ID#

Amount of contribution (\$)

\$100

Contributor address;

410 S. Beckley Dallas TX 75203

City; State; Zip Code

Contributor's principal occupation

Judge

Contributor's job title

Judge

Contributor's employer/law firm

Justice of the Peace

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

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

7 Amount of contribution (\$)

4-10-18

Thomas Benson

\$500

6 Contributor address; City; State; Zip Code

900 Jackson St. #750 Dallas TX 75202

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

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

Amount of contribution (\$)

4-10-18

Thomas Wynne

\$100

Contributor address; City; State; Zip Code

2828 N. Harwood St, Dallas TX 75201

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

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

Amount of contribution (\$)

4-10-18

Jens Baker

\$50

Contributor address; City; State; Zip Code

9616 Tarleton St., Dallas TX 75214

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:<br><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#: _____<br><i>Edwin King</i>  | 7 Amount of contribution (\$)<br><br><b>\$ 250</b>       |
|   | 6 Contributor address; City; State; Zip Code<br><i>400 S. Zang #1000 Dallas Texas 75208</i>           |  |
| 8 Contributor's principal occupation<br><i>Attorney</i>             |   | 9 Contributor's job title<br><i>Attorney</i>             |
| 10 Contributor's employer/law firm<br><i>Law Office Edwin King</i>  |   | 11 Law firm of contributor's spouse (if any)<br><i>—</i> |
| 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#: _____<br><i>Jack Wilson</i>   | Amount of contribution (\$)<br><br><b>\$ 250</b>         |
|   | Contributor address; City; State; Zip Code<br><i>3300 Oak Lawn #600 Dallas TX 75219</i>               |  |
| Contributor's principal occupation<br><i>Attorney</i>               |   | Contributor's job title<br><i>Attorney</i>               |
| Contributor's employer/law firm<br><i>Law Office of Jack Wilson</i> |   | Law firm of contributor's spouse (if any)<br><i>—</i>    |
| 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#: _____<br><i>George Milner</i> | Amount of contribution (\$)<br><br><b>\$ 250</b>         |
|   | Contributor address; City; State; Zip Code<br><i>2828 N. Harwood St; Dallas TX 75201</i>              |  |
| Contributor's principal occupation<br><i>Attorney</i>               |   | Contributor's job title<br><i>Attorney</i>               |
| Contributor's employer/law firm<br><i>Milner Finn Price</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:

15

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

4.10.18

5 Full name of contributor

Jim Burnham

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

7 Amount of contribution (\$)

\$ 500

6 Contributor address:

6116 N Central Expwy #515 Dallas TX 75206

City: State: Zip Code

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Jim Burnham Law Office

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

Larry Boyd

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

Amount of contribution (\$)

\$ 100

Contributor address:

4303 N. Central Expwy Dallas TX 75205

City: State: Zip Code

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Law Office Larry Boyd

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

Shawn Modjarrad

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

Amount of contribution (\$)

\$ 500

Contributor address:

100 N. Central Expwy. #1000 Richardson TX 75080

City: State: Zip Code

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Modjarrad & Abusaad P.C.

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

Susan Vrana

out-of-state PAC ID#:

6 Contributor address:

City: State: Zip Code

1957 W. Colorado Blvd. Dallas TX

75208

7 Amount of contribution (\$)

\$ 50

8 Contributor's principal occupation

Attorney

9 Contributor's job title

Attorney

10 Contributor's employer/law firm

Law Office of Susan Vrana

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

Brady Wyatt

out-of-state PAC ID#:

Contributor address:

City: State: Zip Code

3300 Oak Lawn #600, Dallas TX 75219

Amount of contribution (\$)

\$ 250

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Law Office of Brady Wyatt

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

Randall Isenberg

out-of-state PAC ID#:

Contributor address:

City: State: Zip Code

6830 Prestonshire Ln, Dallas TX 75225

Amount of contribution (\$)

\$ 1000

Contributor's principal occupation

Lawyer

Contributor's job title

Lawyer

Contributor's employer/law firm

Law Office of Randall Isenberg

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

5 Full name of contributor

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

7 Amount of contribution (\$)

5-7-18

Ted B. Lyon 18601 LBJ Fwy  
Mesquite TX  
6 Contributor address: Town East Tower #525 75150  
City: State: Zip Code

\$ 500

8 Contributor's principal occupation

Lawyer

9 Contributor's job title

Lawyer

10 Contributor's employer/law firm

Ted B Lyon + Associates

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 (\$)

5-9-18

David L. Osborne  
Contributor address; City; State; Zip Code

\$ 200

Contributor's principal occupation

Owner / Manager

Contributor's job title

CEO / President

Contributor's employer/law firm

United Mechanical

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 (\$)

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: <b>2</b>   |   |
| 2 FILER NAME<br><i>Pamela Smitham "Pamela Luther"</i>                                  |   | 3 Filer ID (Ethics Commission Filers)   |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                  |   | \$  |   |
| 5 Date<br><b>5-12-18</b>   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Turnout TEXAS PAC</b> | 8 Amount of Contribution \$<br><b>\$771.28</b>                                  | 9 In-kind contribution description<br><b>Door Hangers / Advertising</b> |
| 7 Contributor address: City: State: Zip Code<br><b>2504 Summit Dr. Irving TX 75062</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)                               |   |
| 12 Contributor's principal occupation (FOR JUDICIAL)<br><b>PAC</b>                     |   | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)                    |   |
| 14 Contributor's employer/law firm (FOR JUDICIAL)<br><b>Turnout TEXAS PAC</b>          |   | 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#: _____)<br><b>Turnout TEXAS PAC</b>   | Amount of Contribution \$<br><b>\$454.65</b>                                    | In-kind contribution description<br><b>Door Hangers / Advertising</b>   |
|  | Contributor address: City: State: Zip Code<br><b>2504 Summit Dr. Irving TX 75062</b>                          | <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)<br><b>PAC</b>                        |   | Contributor's job title (FOR JUDICIAL) (See Instructions)                       |   |
| Contributor's employer/law firm (FOR JUDICIAL)<br><b>Turnout TEXAS PAC</b>             |   | 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<br><i>Pamela Smitham "Pamela Luther"</i>                                |   | 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#: _____)<br><i>Turnout TEXAS PAC</i> | 8 Amount of Contribution \$ <i>308.51</i>                                       |
|  | 7 Contributor address; City; State; Zip Code<br><i>2504 Summit Dr. Irving TX 75062</i>                        | 9 In-kind contribution description<br><i>State Card / Advertising</i>           |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br><i>—</i> |   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 12 Contributor's principal occupation (FOR JUDICIAL)<br><i>Turnout TEXAS PAC</i>     |   | 11 Employer (FOR NON-JUDICIAL)(See Instructions)<br><i>—</i>                    |
| 14 Contributor's employer/law firm (FOR JUDICIAL)<br><i>Turnout TEXAS PAC</i>        |   | 13 Contributor's job title (FOR JUDICIAL) (See Instructions)<br><i>—</i>        |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)          |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)<br><i>—</i>         |

| 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.

E(J) → 6 added pages)

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E(J)  
27

2 FILER NAME

Pamela Smitham "Pamela Luther"

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

3-16-18

7 Name of lender

out of state PAC (ID#)

Pamela Smitham "Pamela Luther"

9 Loan Amount (\$)

\$49

6 Is lender a financial institution?

Y (N)

8 Lender address:

City:

State:

Zip Code

4514 Cele 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)<br>27   |
| 2 FILER NAME<br>Pamela Smitham "Pamela Luther"                                 |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |  | \$  |
| 5 Date of loan<br>4-19-18  | 7 Name of lender <input type="checkbox"/> out of state PAC ID#<br>Pamela Smitham "Pamela Luther" | 9 Loan Amount (\$) \$92.99  |
| 6 Is lender a financial institution?<br>Y <input checked="" type="radio"/> N   | 8 Lender address: City: State: Zip Code<br>4514 Cele Ave. Dallas TX<br>Suite #600 75205          | 10 Interest rate  |
|  |  | 11 Maturity date  |
| 12 Lender's Principal Occupation<br>Attorney                                   |  | 13 Lender's Job Title<br>Attorney   |
| 14 Lender's Employer/Law Firm<br>Law Office of Pamela Luther, PLLC             |  | 15 Law Firm of lender's spouse (if any)<br>—  |
| 16 If lender is a child, law firm of parent(s) (if any)<br>—                   |  |   |
| 17 Description of Collateral<br><input checked="" type="checkbox"/> none       |  | 18 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| 19 GUARANTOR INFORMATION<br><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)<br>—                |  |   |

**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):

27

2 FILER NAME

Pamela Smitham "Pamela Luther"

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

4-19-18

7 Name of lender

out of state PAC ID#

Pamela Smitham "Pamela Luther"

9 Loan Amount (\$)

#26,25

6 Is lender a financial institution?

Y  N

8 Lender address:

City:

State:

Zip Code

4514 Cele 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):

27

2 FILER NAME

Pamela Smitham "Pamela Luther"

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

4-16-18

7 Name of lender

out of state PAC ID#

Pamela Smitham "Pamela Luther"

9 Loan Amount (\$)

\$49

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):<br><span style="font-size: 1.5em;">27</span>                                       |
| 2 FILER NAME<br><i>Pamela Smitham: "Pamela Luther"</i>   |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |   | \$  |
| 5 Date of loan<br><i>4-18-18</i>   | 7 Name of lender <input type="checkbox"/> out of state PAC (ID#)<br><i>Pamela Smitham "Pamela Luther"</i> | 9 Loan Amount (\$) <i># 339,36</i>  |
| 6 Is lender a financial institution?<br><br>Y <input type="radio"/> N <input checked="" type="radio"/> | 8 Lender address: City: State: Zip Code<br><i>4514 Cole Ave. Dallas TX<br/>Suite #600 75205</i>           | 10 Interest rate  |
|  |   | 11 Maturity date  |
| 12 Lender's Principal Occupation<br><i>Attorney</i>  |   | 13 Lender's Job Title<br><i>Attorney</i>  |
| 14 Lender's Employer/Law Firm<br><i>Law Office of Pamela Luther, PLLC</i>                              |   | 15 Law Firm of lender's spouse (if any)<br>—  |
| 16 If lender is a child, law firm of parent(s) (if any)<br>—   |   |   |
| 17 Description of Collateral<br><input checked="" type="checkbox"/> none                               |   | 18 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| 19 GUARANTOR INFORMATION<br><br><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):

27

2 FILER NAME

Pamela Smitham "Pamela Luther"

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

3-19-18

7 Name of lender

out of state PAC ID#

Pamela Smitham "Pamela Luther"

9 Loan Amount (\$)

\$ 3500

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):  
27

2 FILER NAME  
Pamela Smitham "Pamela Luther"

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan  
3.6.18

7 Name of lender  out of state PAC (ID#)  
Pamela Smitham "Pamela Luther"

9 Loan Amount (\$)  
137.48

6 Is lender a financial institution?  
Y  N

8 Lender address: City: State: Zip Code  
4514 Cele 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 (\$)

not applicable

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): 27

2 FILER NAME  
*Pamela Smitham "Pamela Luther"*

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan  
*2-28-18*

7 Name of lender  out of state PAC ID#  
*Pamela Smitham "Pamela Luther"*

9 Loan Amount (\$)  
*216,46*

6 Is lender a financial institution?  
Y  N

8 Lender address: City: State: Zip Code  
*4514 Cele 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  
 not applicable

20 Name of guarantor  
21 Guarantor address: City: State: Zip Code

22 Amount Guaranteed (\$)

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)

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**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule E(J)<br><b>27</b>  |
| 2 FILER NAME<br><i>Pamela Smitham "Pamela Luther"</i>   |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS   |   | \$  |
| 5 Date of loan<br><b>3.1.18</b>   | 7 Name of lender <input type="checkbox"/> out of state PAC ID#<br><i>Pamela Smitham "Pamela Luther"</i> | 9 Loan Amount (\$)<br><b>179.67</b>   |
| 6 Is lender a financial institution?<br><b>Y (N)</b>  | 8 Lender address: City: State: Zip Code<br><i>4514 Cole Ave. Dallas TX Suite #600 75205</i>             | 10 Interest rate  |
|   |   | 11 Maturity date  |
| 12 Lender's Principal Occupation<br><i>Attorney</i>   |   | 13 Lender's Job Title<br><i>Attorney</i>  |
| 14 Lender's Employer/Law Firm<br><i>Law Office of Pamela Luther, PLLC</i>   |   | 15 Law Firm of lender's spouse (if any)<br>_____  |
| 16 If lender is a child, law firm of parent(s) (if any)<br>_____  |   |   |
| 17 Description of Collateral<br><input checked="" type="checkbox"/> none  |   | 18 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| 19 GUARANTOR INFORMATION<br><br><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)<br>_____   |   |   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |   |

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The instruction Guide explains how to complete this form.

1 Total pages Schedule E(J)  
21 27

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 (ID#)  
Pamela Smitham "Pamela Luther"

9 Loan Amount (\$)  
23,10

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)

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**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule E(J):<br><b>2127</b>   |
| 2 FILER NAME<br><i>Pamela Smitham "Pamela Luther"</i>  |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |   | \$  |
| 5 Date of loan<br><b>2.26.18</b>   | 7 Name of lender <input type="checkbox"/> out of state PAC ID#<br><i>Pamela Smitham "Pamela Luther"</i> | 9 Loan Amount (\$)<br><b>383.14</b>   |
| 6 Is lender a financial institution?<br><input checked="" type="radio"/> Y <input type="radio"/> N   | 8 Lender address: City: State: Zip Code<br><i>4514 Cele Ave. Dallas TX<br/>Suite #600 75205</i>         | 10 Interest rate  |
|  |   | 11 Maturity date  |
| 12 Lender's Principal Occupation<br><i>Attorney</i>  |   | 13 Lender's Job Title<br><i>Attorney</i>  |
| 14 Lender's Employer/Law Firm<br><i>Law Office of Pamela Luther, PLLC</i>  |   | 15 Law Firm of lender's spouse (if any)<br>—  |
| 16 If lender is a child, law firm of parent(s) (if any)<br>—   |   |   |
| 17 Description of Collateral<br><input checked="" type="checkbox"/> none   |   | 18 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| 19 GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable   | 20 Name of guarantor<br><br>21 Guarantor address, City: State: Zip Code                                 | 22 Amount Guaranteed (\$)   |
| 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)   |   |   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br/>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |   |

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E(J):  
27

2 FILER NAME  
Pamela Smitham "Pamela Luther"

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan  
2-26-18

7 Name of lender  out of state PAC ID#  
Pamela Smitham "Pamela Luther"

9 Loan Amount (\$)  
366.86

6 Is lender a financial institution?  
Y  N

8 Lender address: City: State: Zip Code  
4514 Cele 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  
21 Guarantor address, City: State: Zip Code

22 Amount Guaranteed (\$)

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)

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**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule E(J):<br><b>27</b>   |
| 2 FILER NAME<br><i>Pamela Smitham "Pamela Luther"</i>   |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS   |   | \$  |
| 5 Date of loan<br><b>2-28-18</b>  | 7 Name of lender <input type="checkbox"/> out of state PAC ID#<br><i>Pamela Smitham "Pamela Luther"</i> | 9 Loan Amount (\$)<br><b>533,54</b>   |
| 6 Is lender a financial institution?<br><input checked="" type="checkbox"/> Y <input type="checkbox"/> N  | 8 Lender address: City: State: Zip Code<br><i>4514 Cele Ave. Dallas TX Suite #600 75205</i>             | 10 Interest rate  |
|   |   | 11 Maturity date  |
| 12 Lender's Principal Occupation<br><i>Attorney</i>   |   | 13 Lender's Job Title<br><i>Attorney</i>  |
| 14 Lender's Employer/Law Firm<br><i>Law Office of Pamela Luther, PLLC</i>   |   | 15 Law Firm of lender's spouse (if any)<br>_____  |
| 16 If lender is a child, law firm of parent(s) (if any)<br>_____  |   |   |
| 17 Description of Collateral<br><input checked="" type="checkbox"/> none  |   | 18 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| 19 GUARANTOR INFORMATION<br><br><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)<br>_____   |   |   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |   |

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.                          |   | 1 Total pages Schedule E(J):<br><i>27</i>   |
| 2 FILER NAME<br><i>Pamela Smitham "Pamela Luther"</i>                              |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |   | \$  |
| 5 Date of loan<br><i>4.9.18</i>  | 7 Name of lender <input type="checkbox"/> out of state PAC filer<br><i>Pamela Smitham "Pamela Luther"</i> | 9 Loan Amount (\$) <i>15.41</i>   |
| 6 Is lender a financial institution?<br><br>Y <input checked="" type="radio"/> N   | 8 Lender address: City: State: Zip Code<br><i>4514 Cele Ave. Dallas TX<br/>Suite # 600 75205</i>          | 10 Interest rate  |
|  |   | 11 Maturity date  |
| 12 Lender's Principal Occupation<br><i>Attorney</i>                                |   | 13 Lender's Job Title<br><i>Attorney</i>  |
| 14 Lender's Employer/Law Firm<br><i>Law Office of Pamela Luther, PLLC</i>          |   | 15 Law Firm of lender's spouse (if any)<br>_____  |
| 16 If lender is a child, law firm of parent(s) (if any)<br>_____                   |   |   |
| 17 Description of Collateral<br><input checked="" type="checkbox"/> none           |   | 18 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| 19 GUARANTOR INFORMATION<br><br><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)<br>_____                |   |   |

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**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule E(J):<br><b>21 27</b>  |
| 2 FILER NAME<br><i>Pamela Smitham "Pamela Luther"</i>   |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS   |  | \$  |
| 5 Date of loan<br><b>4-13-18</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC ID#:<br><i>Pamela Smitham "Pamela Luther"</i> | 9 Loan Amount (\$)<br><b>47.26</b>  |
| 6 Is lender a financial institution?<br><br>Y <input checked="" type="radio"/> N <input type="radio"/>  | 8 Lender address; City; State; Zip Code<br><i>4514 Cele Ave. Dallas TX<br/>Suite #600 75205</i>          | 10 Interest rate<br><b>—</b>  |
|   |  | 11 Maturity date<br><b>—</b>  |
| 12 Lender's Principal Occupation<br><i>Attorney</i>   |  | 13 Lender's Job Title<br><i>Attorney</i>  |
| 14 Lender's Employer/Law Firm<br><i>Law Office of Pamela Luther, PLLC</i>   |  | 15 Law Firm of lender's spouse (if any)<br><b>—</b>   |
| 16 If lender is a child, law firm of parent(s) (if any)<br><b>—</b>   |  |   |
| 17 Description of Collateral<br><input checked="" type="checkbox"/> none  |  | 18 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| 19 GUARANTOR INFORMATION<br><br><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)<br><b>—</b>  |  |   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |   |

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule E(J):<br><b>21 27</b>  |
| 2 FILER NAME<br><i>Pamela Smitham "Pamela Luther"</i>   |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS   |   | \$  |
| 5 Date of loan<br><b>4-11-18</b>  | 7 Name of lender <input type="checkbox"/> out of state PAC ID#<br><i>Pamela Smitham "Pamela Luther"</i> | 9 Loan Amount (\$)<br><b>\$ 50</b>  |
| 6 Is lender a financial institution?<br><br>Y <input checked="" type="radio"/> N  | 8 Lender address: City: State: Zip Code<br><i>4514 Cele Ave. Dallas TX<br/>Suite #600 75205</i>         | 10 Interest rate  |
|   |   | 11 Maturity date  |
| 12 Lender's Principal Occupation<br><i>Attorney</i>   |   | 13 Lender's Job Title<br><i>Attorney</i>  |
| 14 Lender's Employer/Law Firm<br><i>Law Office of Pamela Luther, PLLC</i>   |   | 15 Law Firm of lender's spouse (if any)<br>—  |
| 16 If lender is a child, law firm of parent(s) (if any)<br>—  |   |   |
| 17 Description of Collateral<br><input checked="" type="checkbox"/> none  |   | 18 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| 19 GUARANTOR INFORMATION<br><br><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)  |   |   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |   |

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule E(J):<br><b>27</b>   |
| 2 FILER NAME<br><i>Pamela Smitham "Pamela Luther"</i>   |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS   |   | \$  |
| 5 Date of loan<br><b>4.11.18</b>  | 7 Name of lender <input type="checkbox"/> out of state PAC (10%)<br><i>Pamela Smitham "Pamela Luther"</i> | 9 Loan Amount (\$) <b>24.40</b>   |
| 6 Is lender a financial institution?<br><b>Y</b> <input checked="" type="radio"/> <b>N</b>  | 8 Lender address: City: State: Zip Code<br><i>4514 Cole Ave. Dallas TX Suite #600 75205</i>               | 10 Interest rate  |
|   |   | 11 Maturity date  |
| 12 Lender's Principal Occupation<br><i>Attorney</i>   |   | 13 Lender's Job Title<br><i>Attorney</i>  |
| 14 Lender's Employer/Law Firm<br><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<br><input checked="" type="checkbox"/> none  |   | 18 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| 19 GUARANTOR INFORMATION<br><br><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)  |   |   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br/>                 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |   |

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E(J):  
27 27

2 FILER NAME  
Pamela Smitham "Pamela Luther"

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan  
5.1.18

7 Name of lender  out of state PAC filer  
Pamela Smitham "Pamela Luther"

9 Loan Amount (\$)  
99.00

6 Is lender a financial institution?  
Y  N

8 Lender address: City: State: Zip Code  
4514 Cele 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  
 not applicable

20 Name of guarantor  
21 Guarantor address: City: State: Zip Code

22 Amount Guaranteed (\$)

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)

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**LOANS (JUDICIAL).**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E(J):  
*21 27*

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  out of state PAC ID#  
*Pamela Smitham "Pamela Luther"*

9 Loan Amount (\$)  
*147,777*

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  
 not applicable

20 Name of guarantor  
21 Guarantor address: City: State: Zip Code

22 Amount Guaranteed (\$)

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)

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**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.                          |   | 1 Total pages Schedule E.J.<br><i>21 27</i>   |
| 2 FILER NAME<br><i>Pamela Smitham "Pamela Luther"</i>                              |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |   | \$  |
| 5 Date of loan<br><i>4-24-18</i>   | 7 Name of lender <input type="checkbox"/> out of state PAC ID#<br><i>Pamela Smitham "Pamela Luther"</i> | 9 Loan Amount (\$)<br><i>102,23</i>   |
| 6 Is lender a financial institution?<br>Y <input checked="" type="radio"/> N       | 8 Lender address: City: State: Zip Code<br><i>4514 Cele Ave. Dallas TX Suite #600 75205</i>             | 10 Interest rate  |
|  |   | 11 Maturity date  |
| 12 Lender's Principal Occupation<br><i>Attorney</i>                                |   | 13 Lender's Job Title<br><i>Attorney</i>  |
| 14 Lender's Employer/Law Firm<br><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<br><input checked="" type="checkbox"/> none           |   | 18 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| 19 GUARANTOR INFORMATION<br><br><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)                         |   |   |

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**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E(J): **27**

2 FILER NAME  
*Pamela Smitham "Pamela Luther"*

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan  
*4-13-18*

7 Name of lender  out of state PAC ID#  
*Pamela Smitham "Pamela Luther"*

9 Loan Amount (\$)  
*257.26*

6 Is lender a financial institution?  
Y  N

8 Lender address: City: State: Zip Code  
*4514 Cele 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  
 not applicable

20 Name of guarantor  
21 Guarantor address: City: State: Zip Code

22 Amount Guaranteed (\$)

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)  
*27*

2 FILER NAME  
*Pamela Smitham "Pamela Luther"*

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan  
*5.1.18*

7 Name of lender  out of state PAC filer  
*Pamela Smitham "Pamela Luther"*

9 Loan Amount (\$)  
*93.52*

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  
 not applicable

20 Name of guarantor  
21 Guarantor address: City: State: Zip Code

22 Amount Guaranteed (\$)

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**  
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**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The instruction Guide explains how to complete this form.

1 Total pages Schedule E(J):  
*21 27*

2 FILER NAME  
*Pamela Smitham "Pamela Luther"*

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan  
*5-1-18*

7 Name of lender  out of state PAC ID#  
*Pamela Smitham "Pamela Luther"*

9 Loan Amount (\$)  
*626,68*

6 Is lender a financial institution?  
Y  N

8 Lender address: City: State: Zip Code  
*4514 Cele 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  
 not applicable

20 Name of guarantor  
21 Guarantor address, City: State: Zip Code

22 Amount Guaranteed (\$)

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)<br><b>27</b>  |
| 2 FILER NAME<br><i>Pamela Smitham "Pamela Luther"</i>  |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |  | \$  |
| 5 Date of loan<br><b>4-2-18</b>  | 7 Name of lender <input type="checkbox"/> out of state PAC (ID#)<br><i>Pamela Smitham "Pamela Luther."</i> | 9 Loan Amount (\$)<br><b>505.19</b>   |
| 6 Is lender a financial institution?<br><br>Y <input checked="" type="radio"/> N <input type="radio"/>   | 8 Lender address: City: State: Zip Code<br><i>4514 Cele Ave. Dallas TX<br/>Suite #600 75205</i>            | 10 Interest rate  |
|  |  | 11 Maturity date  |
| 12 Lender's Principal Occupation<br><i>Attorney</i>  |  | 13 Lender's Job Title<br><i>Attorney</i>  |
| 14 Lender's Employer/Law Firm<br><i>Law Office of Pamela Luther, PLLC</i>  |  | 15 Law Firm of lender's spouse (if any)<br>—  |
| 16 If lender is a child, law firm of parent(s) (if any)<br>—   |  |   |
| 17 Description of Collateral<br><input checked="" type="checkbox"/> none   |  | 18 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| 19 GUARANTOR INFORMATION<br><br><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)   |  |   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br/>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |  |   |

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule E(J)<br><b>27</b>  |
| 2 FILER NAME<br><i>Pamela Smitham "Pamela Luther"</i>   |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS   |   | \$  |
| 5 Date of loan<br><b>4.2.18</b>   | 7 Name of lender <input type="checkbox"/> out of state PAC ID#<br><i>Pamela Smitham "Pamela Luther"</i> | 9 Loan Amount (\$)<br><b>138.86</b>   |
| 6 Is lender a financial institution?<br><b>Y</b> <input checked="" type="radio"/> <b>N</b>  | 8 Lender address: City: State: Zip Code<br><i>4514 Cele Ave. Dallas TX Suite #600 75205</i>             | 10 Interest rate  |
|   |   | 11 Maturity date  |
| 12 Lender's Principal Occupation<br><i>Attorney</i>   |   | 13 Lender's Job Title<br><i>Attorney</i>  |
| 14 Lender's Employer/Law Firm<br><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<br><input checked="" type="checkbox"/> none  |   | 18 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| 19 GUARANTOR INFORMATION<br><br><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)  |   |   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |   |

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule E(J):<br><i>21 27</i>  |
| 2 FILER NAME<br><i>Pamela Smitham "Pamela Luther"</i>  |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |   | \$  |
| 5 Date of loan<br><i>4.13.18</i>   | 7 Name of lender <input type="checkbox"/> out of state PAC ID#<br><i>Pamela Smitham "Pamela Luther"</i> | 9 Loan Amount (\$)<br><i>492.74</i>   |
| 6 Is lender a financial institution?<br><br>Y <input checked="" type="radio"/> N <input type="radio"/> | 8 Lender address: City: State: Zip Code<br><i>4514 Cele Ave. Dallas TX<br/>Suite # 600 75205</i>        | 10 Interest rate  |
|  |   | 11 Maturity date  |
| 12 Lender's Principal Occupation<br><i>Attorney</i>  |   | 13 Lender's Job Title<br><i>Attorney</i>  |
| 14 Lender's Employer/Law Firm<br><i>Law Office of Pamela Luther, PLLC</i>                              |   | 15 Law Firm of lender's spouse (if any)<br>—  |
| 16 If lender is a child, law firm of parent(s) (if any)<br>—   |   |   |
| 17 Description of Collateral<br><input checked="" type="checkbox"/> none                               |   | 18 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| 19 GUARANTOR INFORMATION<br><br><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)<br>—  |   |   |

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**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule E(J):<br><b>27</b>   |
| 2 FILER NAME<br><i>Pamela Smitham "Pamela Luther"</i>   |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS   |   | \$  |
| 5 Date of loan<br><b>3.6.18</b>   | 7 Name of lender <input type="checkbox"/> out of state PAC IDs<br><i>Pamela Smitham "Pamela Luther"</i> | 9 Loan Amount (\$) <b>612.52</b>  |
| 6 Is lender a financial institution?<br><b>Y</b> <input checked="" type="radio"/> <input type="radio"/>   | 8 Lender address: City: State: Zip Code<br><i>4514 Cele Ave. Dallas TX Suite #600 75205</i>             | 10 Interest rate  |
|   |   | 11 Maturity date  |
| 12 Lender's Principal Occupation<br><i>Attorney</i>   |   | 13 Lender's Job Title<br><i>Attorney</i>  |
| 14 Lender's Employer/Law Firm<br><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<br><input checked="" type="checkbox"/> none  |   | 18 Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| 19 GUARANTOR INFORMATION<br><br><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)  |   |   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |   |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>17   | <b>2</b> FILER NAME<br>Pamela Smitham "Pamela Lusher"   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>4-19-18                  | <b>5</b> Payee name<br>Vistaprint   |  |
| <b>6</b> Amount (\$)<br>\$26.25           | <b>7</b> Payee address; City; State; Zip Code<br>275 Wayman St.<br>Waltham, MA 02451  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising<br>(postcards)   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |
| Date<br>4-19-18                           | Payee name<br>Vistaprint  |  |
| Amount (\$)<br>\$92.99                    | Payee address; City; State; Zip Code<br>275 Wayman St.<br>Waltham, MA 02451   |  |
| <b>PURPOSE OF EXPENDITURE</b>             | Category (See Categories listed at the top of this schedule)<br>Advertising<br>(postcards)  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |
| Date<br>3-19-18                           | Payee name<br>Democracy Toolbox   |  |
| Amount (\$)<br>\$3500                     | Payee address; City; State; Zip Code  |  |
| <b>PURPOSE OF EXPENDITURE</b>             | Category (See Categories listed at the top of this schedule)<br>Advertising<br>(flyer/mailer)   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |  |

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# 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:<br>17                             | <b>2</b> FILER NAME<br>Pamela Smitham "Pamela Luther"  | <b>3</b> Filer ID (Ethics Commission Filers)   |   |                               |               |
| <b>4</b> Date<br>3-16-18  | <b>5</b> Payee name<br>Campaign Partner  |  |   |                               |               |
| <b>6</b> Amount (\$)<br>\$49  | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 118<br>Still River, Massachusetts 01467  |  |   |                               |               |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising (website)   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |                               |               |
|   | <table border="0" style="width:100%;"> <tr> <td style="width:30%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:15%;">Office sought</td> <td style="width:15%;">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<br>4-16-18   | Payee name<br><del>Pamela Smitham "Pamela Luther"</del><br>Campaign Partner  |  |   |                               |               |
| Amount (\$)<br>\$49   | Payee address; City; State; Zip Code<br>PO Box 118<br>Still River, Massachusetts 01467   |  |   |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Advertising (website)  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |   |                               |               |
|   | <table border="0" style="width:100%;"> <tr> <td style="width:30%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:15%;">Office sought</td> <td style="width:15%;">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<br>4-18-18   | Payee name<br>Edwards + Patterson  |  |   |                               |               |
| Amount (\$)<br>\$339.36   | Payee address; City; State; Zip Code<br>203 S. Beltline Rd.<br>Irving, TX 75060  |  |   |                               |               |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Advertising (signs)  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |   |                               |               |
|   | <table border="0" style="width:100%;"> <tr> <td style="width:30%;"><b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%;">Candidate / Officeholder name</td> <td style="width:15%;">Office sought</td> <td style="width:15%;">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   |                               |               |

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# 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:<br><i>1517</i> | <b>2</b> FILER NAME<br><i>Pamela Smitham "Pamela Luther"</i>   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><i>4-13-18</i>                  | <b>5</b> Payee name<br><i>Facebook</i>   |  |
| <b>6</b> Amount (\$)<br><i>47.26</i>             | <b>7</b> Payee address; City; State; Zip Code<br><i>1601 Willow Rd.<br/>Menlo Park, CA 94025-1452</i>  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>        | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Ad. Expense</i>  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name _____ Office sought _____ Office held _____ |  |
| Date<br><i>4-11-18</i>                           | Payee name<br><i>Facebook</i>  |  |
| Amount (\$)<br><i>50.00</i>                      | Payee address; City; State; Zip Code<br><i>1601 Willow Rd.<br/>Menlo Park, CA. 94025-1452</i>  |  |
| <b>PURPOSE OF EXPENDITURE</b>                    | Category (See Categories listed at the top of this schedule)<br><i>Ad. Expense</i>   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name _____ Office sought _____ Office held _____          |  |
| Date<br><i>4-11-18</i>                           | Payee name<br><i>Facebook</i>  |  |
| Amount (\$)<br><i>24.40</i>                      | Payee address; City; State; Zip Code<br><i>1601 Willow Rd.<br/>Menlo Park, CA 94025-1452</i>   |  |
| <b>PURPOSE OF EXPENDITURE</b>                    | Category (See Categories listed at the top of this schedule)<br><i>Ad. Expense.</i>  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense            |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name _____ Office sought _____ Office held _____          |  |

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# 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:<br><i>18 17</i> | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br><i>5-1-18</i>                    | <b>5</b> Payee name<br><i>Waymark</i>  |  |
| <b>6</b> Amount (\$)<br><i>\$ 99.00</i>           | <b>7</b> Payee address; City; State; Zip Code<br><i>1601 Willow Rd.<br/>Menlo Park, CA 94025 <del>##</del> 1452</i>                              |  |
| <b>8</b><br><br>PURPOSE OF EXPENDITURE            | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><br><i>Ad. Expense</i>  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name _____ Office sought _____ Office held _____ |  |

|                              |   |   |  |
|------------------------------|---|---|--|
| Date<br><i>4-24-18</i>       | Payee name<br><i>Facebook</i>   |   |  |
| Amount (\$)<br><i>147.77</i> | Payee address; City; State; Zip Code<br><i>1601 Willow Rd.<br/>Menlo Park, CA 94025-1452</i>  |   |  |
| PURPOSE OF EXPENDITURE       | Category (See Categories listed at the top of this schedule)<br><br><i>Ad. Expense</i>  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
|                              | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name _____ Office sought _____ Office held _____ |   |  |

|                              |   |   |  |
|------------------------------|---|---|--|
| Date<br><i>4-24-18</i>       | Payee name<br><i>Facebook</i>   |   |  |
| Amount (\$)<br><i>102.23</i> | Payee address; City; State; Zip Code<br><i>1601 Willow Rd.<br/>Menlo Park, CA 94025-1452</i>  |   |  |
| PURPOSE OF EXPENDITURE       | Category (See Categories listed at the top of this schedule)<br><br><i>Ad. Expense</i>  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
|                              | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>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.

|  |              |                                       |
|--|--------------|---------------------------------------|
| 1 Total pages Schedule F1:<br><i>18 17</i> | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|--|--------------|---------------------------------------|

|                          |                                 |
|--------------------------|---------------------------------|
| 4 Date<br><i>4-13-18</i> | 5 Payee name<br><i>Facebook</i> |
|--------------------------|---------------------------------|

|                                |  |
|--------------------------------|--|
| 6 Amount (\$)<br><i>257.26</i> | 7 Payee address: City; State; Zip Code<br><i>1601 <del>Menlo Park</del> Willow Rd.<br/>Menlo Park, CA 94025-1452</i> |
|--------------------------------|--|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Ad. Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>5-1-18</i> | Payee name<br><i>Facebook</i> |
|-----------------------|-------------------------------|

|                             |  |
|-----------------------------|--|
| Amount (\$)<br><i>93.52</i> | Payee address: City; State; Zip Code<br><i>1601 Willow Rd.<br/>Menlo Park, CA 94025-1452</i> |
|-----------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Ad. Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>5-1-18</i> | Payee name<br><i>Facebook</i> |
|-----------------------|-------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><i>626.68</i> | Payee address: City; State; Zip Code<br><i>1601 Willow Rd.<br/>Menlo Park, CA 94025-1452</i> |
|------------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Ad. Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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:<br><i>15</i> 17 | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|--|--------------|---------------------------------------|

|                         |                                 |
|-------------------------|---------------------------------|
| 4 Date<br><i>4-2-18</i> | 5 Payee name<br><i>Facebook</i> |
|-------------------------|---------------------------------|

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

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Ad. Expense</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>4-2-18</i> | Payee name<br><i>Facebook</i> |
|-----------------------|-------------------------------|

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

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Ad. Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>4-13-18</i> | Payee name<br><i>Facebook</i> |
|------------------------|-------------------------------|

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

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Ad. Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|--|-------------------------------|---------------|-------------|

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# 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:<br><b>15</b> / 17 | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|--|--------------|---------------------------------------|

|                         |                                 |
|-------------------------|---------------------------------|
| 4 Date<br><b>3-6-18</b> | 5 Payee name<br><b>Facebook</b> |
|-------------------------|---------------------------------|

|                                |   |
|--------------------------------|---|
| 6 Amount (\$)<br><b>612.52</b> | 7 Payee address; City; State; Zip Code<br><b>1601 Willow Rd.<br/>Menlo Park, CA 94025</b> |
|--------------------------------|---|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Ad. Expense</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>3-6-18</b> | Payee name<br><b>Facebook</b> |
|-----------------------|-------------------------------|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><b>137.48</b> | Payee address; City; State; Zip Code<br><b>1601 Willow Rd.<br/>Menlo Park, CA 94025</b> |
|------------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule) | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>3-30-18</b> | Payee name<br><b>Dallas Democrats</b> |
|------------------------|---------------------------------------|

|                              |   |
|------------------------------|---|
| Amount (\$)<br><b>100.00</b> | Payee address; City; State; Zip Code<br><b>17201 Hidden Glen Dr.<br/>Dallas, TX 75248</b> |
|------------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Ad: Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|--|-------------------------------|---------------|-------------|

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# 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>1517</b> | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|--|--------------|---------------------------------------|

|                          |                                 |
|--------------------------|---------------------------------|
| 4 Date<br><b>2-28-18</b> | 5 Payee name<br><b>Facebook</b> |
|--------------------------|---------------------------------|

|                                |   |
|--------------------------------|---|
| 6 Amount (\$)<br><b>216.46</b> | 7 Payee address; City; State; Zip Code<br><b>1601 Willow Rd<br/>Menlo Park, CA 94025-1452</b> |
|--------------------------------|---|

|                                    |  |   |
|------------------------------------|--|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Ad. Expense</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>3-1-18</b> | Payee name<br><b>Facebook</b> |
|-----------------------|-------------------------------|

|                              |  |
|------------------------------|--|
| Amount (\$)<br><b>179.67</b> | Payee address; City; State; Zip Code<br><b>1601 Willow Rd.<br/>Menlo Park, CA 94025-1452</b> |
|------------------------------|--|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Ad Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>3-1-18</b> | Payee name<br><b>Facebook</b> |
|-----------------------|-------------------------------|

|                             |  |
|-----------------------------|--|
| Amount (\$)<br><b>23.10</b> | Payee address; City; State; Zip Code<br><b>1601 Willow Rd.<br/>Menlo Park, CA 94025-1452</b> |
|-----------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Ad. Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|---|-------------------------------|---------------|-------------|

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# 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:<br><b>15 17</b> | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><b>2-26-18</b>                   | 5 Payee name<br><b>Facebook</b>   |   |
| 6 Amount (\$)<br><b>383.14</b>             | 7 Payee address; City; State; Zip Code<br><b>1601 Willow Rd.<br/>Menlo Park, CA 94025-1452</b>                          |   |
| 8<br><b>PURPOSE OF EXPENDITURE</b>         | (a) Category (See Categories listed at the top of this schedule)<br><b>Ad. Expense</b>                                  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|  | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |   |
| Date<br><b>2-26-18</b>                     | Payee name<br><b>Facebook</b>   |   |
| Amount (\$)<br><b>\$ 366.86</b>            | Payee address; City; State; Zip Code<br><b>1601 Willow Rd.<br/>Menlo Park, CA 94025-1452</b>                            |   |
| <b>PURPOSE OF EXPENDITURE</b>              | Category (See Categories listed at the top of this schedule)<br><b>Ad. Expense</b>                                      | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held   |   |
| Date<br><b>2-28-18</b>                     | Payee name<br><b>Facebook</b>   |   |
| Amount (\$)<br><b>533.54</b>               | Payee address; City; State; Zip Code<br><b>1601 Willow Rd.<br/>Menlo Park, CA 94025-1452</b>                            |   |
| <b>PURPOSE OF EXPENDITURE</b>              | Category (See Categories listed at the top of this schedule)<br><b>Ad. Expense</b>                                      | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held   |   |

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# 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:<br><b>1817</b> | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|--------------|---------------------------------------|

|                          |                                   |
|--------------------------|-----------------------------------|
| 4 Date<br><b>4-17-18</b> | 5 Payee name<br><b>Ben Terres</b> |
|--------------------------|-----------------------------------|

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

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><b>Event Expense (photographer)</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>4-18-18</b> | Payee name<br><b>Beto for Texas</b> |
|------------------------|-------------------------------------|

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

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Contribution</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>4-20-18</b> | Payee name<br><b>Democracy Toolbox</b> |
|------------------------|--|

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

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><b>Consulting Expense<br/><del>runoff trailer</del></b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|--|-------------------------------|---------------|-------------|

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# 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:<br><i>18</i> | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><i>3-30-18</i>                | 5 Payee name<br><i>Ennis State Bank</i>  |   |
| 6 Amount (\$)<br><i>11.11</i>           | 7 Payee address; City: State: Zip Code<br><i>815 W. Ennis Ave.<br/>Ennis TX 75119</i>  |   |
| 8<br><b>PURPOSE OF EXPENDITURE</b>      | (a) Category (See Categories listed at the top of this schedule)<br><i>Fees (Bank)</i>   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|   | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |   |
| Date<br><i>4-9-18</i>                   | Payee name<br><i>Edwards + Patterson</i>   |   |
| Amount (\$)<br><i>2,013.45</i>          | Payee address; City: State: Zip Code<br><i>203 S. Beltline Rd.<br/>Irving TX 75060</i>   |   |
| <b>PURPOSE OF EXPENDITURE</b>           | Category (See Categories listed at the top of this schedule)<br><i>Printing Expense (signs)</i>  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|   | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |   |
| Date<br><i>4-12-18</i>                  | Payee name<br><i>St. Pete's Dancing Martin</i>   |   |
| Amount (\$)<br><i>144.95</i>            | Payee address; City: State: Zip Code<br><i>2730 Commerce Street<br/>Dallas TX 75226</i>  |   |
| <b>PURPOSE OF EXPENDITURE</b>           | Category (See Categories listed at the top of this schedule)<br><i>Event Expense</i>   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|   | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name: _____ Office sought: _____ Office held: _____ |   |

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# 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:<br><i>15 17</i> | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|--|--------------|---------------------------------------|

|                          |   |
|--------------------------|---|
| 4 Date<br><i>2-28-18</i> | 5 Payee name<br><i>Ennis State Bank</i> |
|--------------------------|---|

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

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>fees</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>3-12-18</i> | Payee name<br><i>Vistaprint</i> |
|------------------------|---------------------------------|

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

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Printing Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>3-12-18</i> | Payee name<br><i>Vistaprint</i> |
|------------------------|---------------------------------|

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

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Printing Expense</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|--|-------------------------------|---------------|-------------|

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# 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:<br><i>15/17</i> | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><i>4-30-18</i>                   | 5 Payee name<br><i>Ennis State Bank</i>   |   |
| 6 Amount (\$)<br><i>12.25</i>              | 7 Payee address: City: State: Zip Code<br><i>815 W. Ennis Ave.<br/>Ennis TX 75119</i>   |   |
| 8<br><b>PURPOSE OF EXPENDITURE</b>         | (a) Category (See Categories listed at the top of this schedule)<br><i>Fees</i>   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|  | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name      Office sought      Office held |   |
| Date<br><i>5-1-18</i>                      | Payee name<br><i>Ray &amp; Wood</i>   |   |
| Amount (\$)<br><i>591.25</i>               | Payee address: City: State: Zip Code<br><i>2700 Bee Caves Rd. #200<br/>Austin TX 78746</i>  |   |
| <b>PURPOSE OF EXPENDITURE</b>              | Category (See Categories listed at the top of this schedule)<br><i>Legal Services</i>   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|  | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name      Office sought      Office held |   |
| Date<br><i>5-1-18</i>                      | Payee name<br><i>Beyond the Slogan</i>  |   |
| Amount (\$)<br><i>5,000.00</i>             | Payee address: City: State: Zip Code<br><i>8813 Falcon Crest Dr.<br/>McKinney TX 75070</i>  |   |
| <b>PURPOSE OF EXPENDITURE</b>              | Category (See Categories listed at the top of this schedule)<br><i>Consulting Expense</i>   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense     |
|  | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name      Office sought      Office held |   |

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# 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:<br><b>1817</b>                    | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br><b>3-27-18</b>                                     | 5 Payee name<br><b>Ray + Wood</b>  |   |
| 6 Amount (\$)<br><b>109.67</b>                               | 7 Payee address; City; State; Zip Code<br><b>2700 Bee Caves Rd. #200<br/>Austin TX 78746</b> |   |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br><b>Legal Services</b>    | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>3-30-18</b>                                     | Payee name<br><b>Viotaprint</b>   |   |
| Amount (\$)<br><b>26.25</b>                                | Payee address; City; State; Zip Code<br><b>275 Wayman St.<br/>Waltham, MA 02451</b>     |   |
| PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><b>3-30-18</b>                                     | Payee name<br><b>Viotaprint</b>   |   |
| Amount (\$)<br><b>144.22</b>                               | Payee address; City; State; Zip Code<br><b>275 Wayman St.<br/>Waltham, MA 02451</b>     |   |
| PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)<br><b>Printing Expense</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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  |

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# 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..

|  |              |                                       |
|--|--------------|---------------------------------------|
| 1 Total pages Schedule F1: <b>1817</b> | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|--|--------------|---------------------------------------|

|                        |                             |
|------------------------|-----------------------------|
| 4 Date: <b>3-12-18</b> | 5 Payee name: <b>Zazzle</b> |
|------------------------|-----------------------------|

|                              |   |
|------------------------------|---|
| 6 Amount (\$): <b>153,39</b> | 7 Payee address; City; State; Zip Code:<br><b>1800 Seaport Blvd.<br/>Redwood City, CA 94063</b> |
|------------------------------|---|

|                          |   |   |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule):<br><b>Ad. Expense</b> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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>3-13-18</b> | Payee name: <b>Ben Torres</b> |
|----------------------|-------------------------------|

|                            |   |
|----------------------------|---|
| Amount (\$): <b>410.70</b> | Payee address; City; State; Zip Code:<br><b>PO Box 600380<br/>Dallas TX 75360</b> |
|----------------------------|---|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule):<br><b>Event Expense (photographer)</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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>3-19-18</b> | Payee name: <b>Carrollton Democrats</b> |
|----------------------|---|

|                             |  |
|-----------------------------|--|
| Amount (\$): <b>\$20.00</b> | Payee address; City; State; Zip Code:<br><b>2727 Raintree Dr.<br/>Carrollton, TX 75006</b> |
|-----------------------------|--|

|                        |  |   |
|------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule):<br><b>Contribution</b> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|---|-------------------------------|---------------|-------------|

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# 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:<br><i>15/17</i>                   | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><del>4-9-18</del>                                  | 5 Payee name<br><del>23 Senatorial District Tejano Democrats</del>  |                                       |
| 6 Amount (\$)<br><del>1541</del>                             | 7 Payee address: City: State: Zip Code  |                                       |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)  |                                       |
|  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>2-26-18</i>                                       | Payee name<br><i>Ray &amp; Wood</i>   |                                       |
| Amount (\$)<br><i>327.34</i>                                 | Payee address: City: State: Zip Code<br><i>2700 Bee Caves Rd #200<br/>Austin TX 78746</i>   |                                       |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><i>Legal Services</i>   |                                       |
|  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>2-21-18</i>                                       | Payee name<br><i>Kenneth Wincorn</i>  |                                       |
| Amount (\$)<br><i>\$150.</i>                                 | Payee address: City: State: Zip Code<br><i>100 N. Central Expy #1310<br/>Richardson, TX 75080</i>   |                                       |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br><i>Other (reimbursement for accidental charge)</i>  |                                       |
|  | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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        |

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# 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.

|   |              |                                       |
|---|--------------|---------------------------------------|
| 1 Total pages Schedule F1:<br><i>1817</i> | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|--------------|---------------------------------------|

|                         |   |
|-------------------------|---|
| 4 Date<br><i>5-7-18</i> | 5 Payee name<br><i>Reilly Echols Printing</i> |
|-------------------------|---|

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

|                                    |   |   |
|------------------------------------|---|---|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Printing Expense (pushcards)</i> | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br><i>5-11-18</i> | Payee name<br><i>Edwards &amp; Patterson</i> |
|------------------------|--|

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

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Printing Expense (yard signs)</i> | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|-------------|--------------------------------------|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule) | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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 |
|--|-------------------------------|---------------|-------------|

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~~Amended - adding \$4,056.60~~  
Small

# OUTSTANDING LOANS

# SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L: 1

2 FILER NAME  
~~Pamela Smitham "Pamela Luther"~~

3 Filer ID (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender  
~~Pamela Smitham "Pamela Luther"~~  
5 Lender address; City; State; Zip Code  
~~1416 Elmwood Blvd~~

GUARANTOR INFORMATION  
 not applicable

6 Name of guarantor  
7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender  
Pamela Smitham "Pamela Luther"  
Lender address; City; State; Zip Code  
1416 Elinwood Blvd., Dallas TX 75224

GUARANTOR INFORMATION  
 not applicable

Name of guarantor  
Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender  
Lender address; City; State; Zip Code

GUARANTOR INFORMATION  
 not applicable

Name of guarantor  
Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender  
Lender address; City; State; Zip Code

GUARANTOR INFORMATION  
 not applicable

Name of guarantor  
Guarantor address; City; State; Zip Code

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