

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

17

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI  
Pamela Smitham  
NICKNAME LAST SUFFIX  
"Pamula Lusher"

**OFFICE USE ONLY**

Date Received  
COUNTY ELECTIONS  
2018 JUL 16 01:43 PM  
RECEIVED DALLAS

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
1416 Elmwood Blvd.  
Dallas, TX 75224

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(469) 569-2917

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Lou Ann Richardson  
NICKNAME LAST SUFFIX

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
626 Kessler Springs  
Dallas, TX 75208

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(469) 400-3812

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded \$500 limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year MONTH DAY YEAR  
5 / 13 / 18 THROUGH 6 / 30 / 18

11 ELECTION

ELECTION DATE: Month Day Year  
11 / 6 / 18  
ELECTION TYPE:  
 Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any)  
N/A

13 OFFICE SOUGHT (if known)

Judge - Dallas County  
G. of Criminal Appeals  
No. 2

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

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

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

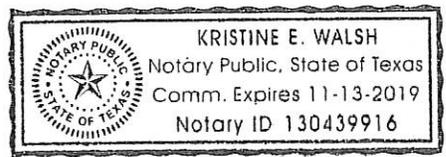
Additional Pages

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME *
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

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)	\$ 850
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 1313.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2055.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,679.57

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 <i>Pamela Smitham "Pamela Luther"</i>		20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 850
2.	<input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ —
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 1313.45
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1313.45
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>3</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6-12-18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Reed Prospere</i>	7 Amount of contribution (\$) <i>\$200</i>
6 Contributor address: City: State: Zip Code <i>8111 Preston Rd. #500 Dallas TX 75225</i>		
8 Contributor's principal occupation <i>Lawyer</i>		9 Contributor's job title <i>Lawyer</i>
10 Contributor's employer/law firm <i>Law Office of Reed Prospere</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>6-14-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Jens Baker</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City: State: Zip Code <i>9616 Tarleton Dallas TX 75218</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Law Office Jens Baker</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>6-18-18</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Alexander Gonzaly</i>	Amount of contribution (\$) <i>\$250</i>
Contributor address; City: State: Zip Code <i>16226 Amberwood Rd. Dallas TX 75248</i>		
Contributor's principal occupation <i>Owner/ Mgr Car Repair</i>		Contributor's job title <i>Owner/ Mgr</i>
Contributor's employer/law firm <i>Excaliber Collision</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:

3

2 FILER NAME

Pamela Smitham "Pamela Lisher"

3 Filer ID (Ethics Commission Filers)

4 Date

5.15.18

5 Full name of contributor

Angela Sanders

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

7 Amount of contribution (\$)

25.00

6 Contributor address: City: State: Zip Code

3810 Travis St. Dallas TX 75204

8 Contributor's principal occupation

Accountant

9 Contributor's job title

CPA

10 Contributor's employer/law firm

Birnam Wood Capital

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

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

Date

5-18-18

Full name of contributor

Willie Ingram

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

Amount of contribution (\$)

\$ 75

Contributor address; City; State; Zip Code 75115

1801 N. Hampton #430, De Soto TX

Contributor's principal occupation

Attorney

Contributor's job title

Attorney

Contributor's employer/law firm

Law Office Willie Ingram, Sr.

Law firm of contributor's spouse (if any)

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

Date

6-2-18

Full name of contributor

Jeffrey Rosenfield

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

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code 75248

7812 Glenneagle Dr. Dallas TX

Contributor's principal occupation

Judge

Contributor's job title

Judge

Contributor's employer/law firm

Dallas County.

Law firm of contributor's spouse (if any)

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

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

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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>3</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6-18-18</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Kenneth Nixon</i>	7 Amount of contribution (\$) <b>100</b>
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>215 Sunray Lane, Sunnyvale TX 75182</i>		
8 Contributor's principal occupation <i>Retired</i>		9 Contributor's job title <i>Retired</i>
10 Contributor's employer/law firm <i>N/A</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

<del>Date</del> <i>6-28-18</i>	<del>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Thomas Walsh III</i></del>	<del>Amount of contribution (\$)</del>
<del>Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>Suite 600 4514 Cole Ave Dallas TX 75205</i></del>		
<del>Contributor's principal occupation</del>		<del>Contributor's job title</del>
<del>Contributor's employer/law firm</del>		<del>Law firm of contributor's spouse (if any)</del>
<del>If contributor is a child, law firm of parent(s) (if any)</del>		

<del>Date</del>	<del>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____</del>	<del>Amount of contribution (\$)</del>
<del>Contributor address: _____ City: _____ State: _____ Zip Code _____</del>		
<del>Contributor's principal occupation</del>		<del>Contributor's job title</del>
<del>Contributor's employer/law firm</del>		<del>Law firm of contributor's spouse (if any)</del>
<del>If contributor is a child, law firm of parent(s) (if any)</del>		

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E.J.

7

2 FILER NAME

Pamela Smitham "Pamela Luther"

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

5-21-18

7 Name of lender

Pamela Smitham "Pamela Luther"

out of state PAC (ID#)

9 Loan Amount (\$)

749.94

6 Is lender a financial institution?

Y  N

8 Lender address:

4514 Cole Ave. Dallas TX  
Suite #600 75205

City:

State:

Zip Code

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.

7

2 FILER NAME

Pamela Smitham "Pamela Luther"

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

6-1-18

7 Name of lender

Pamela Smitham "Pamela Luther"

out of state PAC ID#

9 Loan Amount (\$)

#140.43

6 Is lender a financial institution?

Y (N)

8 Lender address:

4514 Cele Ave. Dallas TX Suite #600 75205

City:

State:

Zip Code

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**  
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**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E(J)

7

2 FILER NAME

Pamela Smitham "Pamela Luther"

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

6-1-18

7 Name of lender

Pamela Smitham "Pamela Luther"

out of state PAC ID#

9 Loan Amount (\$)

\$16,75

6 Is lender a financial institution?

Y N

8 Lender address:

4514 Cele Ave. Suite #600

City:

Dallas TX

State:

Zip Code

75205

10 Interest rate

11 Maturity date

12 Lender's Principal Occupation

Attorney

13 Lender's Job Title

Attorney

14 Lender's Employer/Law Firm

Law Office of Pamela Luther, PLLC

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

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

17 Description of Collateral

none

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

19 GUARANTOR INFORMATION

20 Name of guarantor

22 Amount Guaranteed (\$)

21 Guarantor address:

City:

State:

Zip Code

not applicable

23 Guarantor's Principal Occupation

24 Guarantor's Job Title

25 Guarantor's Employer/Law Firm

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

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E.J. <b>7</b>
2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS \$		
5 Date of loan <i>6-1-18</i>	7 Name of lender <input type="checkbox"/> out of state PAC (ID#) <i>Pamela Smitham "Pamela Luther"</i>	9 Loan Amount (\$) <i>\$16,03</i>
6 Is lender a financial institution?  Y N	8 Lender address: City: State: Zip Code <i>4514 Cole Ave. Dallas TX Suite #600 75205</i>	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation <i>Attorney</i>		13 Lender's Job Title <i>Attorney</i>
14 Lender's Employer/Law Firm <i>Law Office of Pamela Luther, PLLC</i>		15 Law Firm of lender's spouse (if any) —
16 If lender is a child, law firm of parent(s) (if any) —		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address: City: State: Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is a child, law firm of parent(s) (if any)		

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

**LOANS (JUDICIAL)**

**SCHEDULE E(J)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E(J):

7

2 FILER NAME

Pamela Smitham "Pamela Luther"

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ —

5 Date of loan

5-21-18

7 Name of lender

Pamela Smitham "Pamela Luther"

out-of-state PAC (ID#)

9 Loan Amount (\$)

# 292.30

6 Is lender a financial institution?

Y  N

8 Lender address;

4514 Cole Ave # 600  
Dallas TX 75205

City;

State;

Zip Code

10 Interest rate

11 Maturity date

12 Lender's Principal Occupation

Lawyer

13 Lender's Job Title

Lawyer

14 Lender's Employer/Law Firm

Law Office of Pamela Luther

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):

7

2 FILER NAME

*Pamela Smitham "Pamela Luther"*

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

*5-16-18*

7 Name of lender

*Pamela Smitham "Pamela Luther"*

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

9 Loan Amount (\$)

*#49*

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

*4514 Cele Ave. #600  
Dallas, TX 75205*

10 Interest rate

—

11 Maturity date

12 Lender's Principal Occupation

*Lawyer*

13 Lender's Job Title

*Lawyer*

14 Lender's Employer/Law Firm

*Law Office Pamela Luther*

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):

7

2 FILER NAME

Pamela Smitham "Pamela Lusher"

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

6-18-18

7 Name of lender

Pamela Smitham Pamela Lusher

out-of-state PAC (ID#)

9 Loan Amount (\$)

\$ 49

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

4514 Cole Ave. #600  
Dallas, TX 75205

10 Interest rate

11 Maturity date

12 Lender's Principal Occupation

Lawyer

13 Lender's Job Title

Lawyer

14 Lender's Employer/Law Firm

Law Office Pamela Lusher

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.

# 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: 3	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
---------------------------------	--------------	---------------------------------------

4 Date 6-1-18	5 Payee name Facebook
------------------	--------------------------

6 Amount (\$) 16.03	7 Payee address; City; State; Zip Code 1601 Willow Rd Menlo Park, CA 94025-1452
------------------------	---

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

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

Date 5-21-18	Payee name Facebook
-----------------	------------------------

Amount (\$) \$292.30	Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025-1452
-------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

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

Date 5-16-18	Payee name Campaign Partners
-----------------	---------------------------------

Amount (\$) \$49.00	Payee address; City; State; Zip Code P.O Box 118 Still River, Massachusetts 01467
------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising (website)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	---

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <b>5-21-18</b>	5 Payee name <b>Facebook</b>
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6 Amount (\$) <b>749.94</b>	7 Payee address; City; State; Zip Code <b>1601 Willow Rd. Menlo Park, CA 94025-1452</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6-1-18</b>	Payee name <b>Facebook</b>
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Amount (\$) <b>140.43</b>	Payee address; City; State; Zip Code <b>1601 Willow Rd. Menlo Park, CA 94025-1452</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>6-1-18</b>	Payee name <b>Facebook</b>
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Amount (\$) <b>\$16.75</b>	Payee address; City; State; Zip Code <b>1601 Willow Rd. Menlo Park, CA 94025-1452</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <i>Pamela Smitham "Pamela Luther"</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6-18-18</i>	5 Payee name <i>Campaign Partners</i>	
6 Amount (\$) <i>\$ 49</i>	7 Payee address; City; State; Zip Code <i>PO Box 118 Still River, Massachusetts 01467</i>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising (website)</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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

# 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. / Dallas TX / 75224*

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED