				Control of the contro	3. gr. 40 gr. 151 (1985)
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission	Filers) 2 Total pa	ges filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME	MORKIS LAST	MJ G SUFFIX	Date Receive	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;	APT/SUITE#; C	CITY; STATE; ZIP COL		County Elections 2 2 2024 EUFIVEL
5 CANDIDATE/ OFFICEHOLDER PHONE	1.50	PHONE NUMBER 055 2532	EXTENSION	Date Hand-de	livered or Date Postmarked
6 CAMPAIGN TREASURER NAME	M6-4.MR8-/ MR  NICKNAME	ORUS LAST	SUFFIX	Date Processe	
		LVKER		Date Imaged	en e
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (		UITE#; CITY; KENNARD, TX	1 - B 4 1	
(Residence or Business)  8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	100	965-2532		\(\frac{1}{2}\)	
9 REPORT TYPE	January 15	30th day before el	election Runoff	treas	day after campaign urer appointment seholder Only)
	July 15	8th day before ele	ection Exceeded Modit Reporting Limit	fied Final	Report (Attach C/OH - FR)
10 PERIOD COVERED	Month  (I) O	AB	THROUGH	12/31/	2024 ·
11 ELECTION	ELECTION DA	Primany	ELECTION Runoff Other	TYPE	
	Month Day	Year General	Descri	ption	
12 OFFICE	OFFICE HELD (IF any)	UNTY PCT. 1 CONST	ABLE 110 GION CVIN	· / ^	ONSTABLE
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITUS MAY HAVE BEEN MADE WITHOUT THE RED TO REPORT THIS INFORMATION OF	IE CANDIDATE'S OR OFFI	CEHOLDER'S KNOWLEDGE OR
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME	t time a selective for a section of the control of	्रमान्य प्रदेशका राज्य राज्य । स्थानम् । यहा व्यवस्थितस्य स्थानम् । स्रोति । प्रदेशकी ।	
Additional Pages	GENERAL	COMMITTEE ADDRESS			
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	200	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		4. (1
	* Y	GO TO	PAGE 2		:

15 COH NAME OFFICE	E. LVKER	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION 1. TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THA PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N \$ -19
2.	TOTAL POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	» \$ ~O~
EXPENDITURE 3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0
4.	TOTAL POLITICAL EXPENDITURES	\$ -17 -
CONTRIBUTION 5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY \$ ~ () ~
OUTSTANDING 6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	OF THE \$ ✓ V
18 SIGNATURE I swear, of	or affirm, under penalty of perjury, that the accompanying report is tr	ue and correct and includes all information
	be reported by me under Title 15, Election Code.	
	M/I	$\wedge$ $\wedge$ $\wedge$
•	· /// www	nt. Kullh
•	Signature of G	<del>Pandidate or Officeholder</del>
	Signatule of G	andidate-of-officerolder
e de tra	Please complete either option belo	14/* '
i Brillian Inggari Mili	riease complete etther option belo	
	ing the state of t	
RY P/	MARY JORDAN	
(1) Affidavit	NOTARY PUBLIC STATE OF TEXAS ID # 3536855	
WE OF TEXT	My Comm. Expires -03-10-2026	
		•
NOTARY STAMP/SEAL		- AL (
Sworn to and subscribed before		= $2$ day of $NO$ ,
20 <u>24</u> , to certify which,	witness my hand and seal of office.	410100
Mari Ol	rdan marylardan	Notary
Signature of officer administering oa	th Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unowers Declaration	Here the second of the second	Te. 7
(2) Unsworn Declaration		
My name is	, and my date of birth	is
•		
My address is		(state) (zip code) (country)
	()	
Executed in	County, State of, on theday of (mor	nth) (year)
		With 10th Lilly (D. I. )
	Signature of Can	didate/Officeholder (Declarant)



Filer name

# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

	I				
	Date Received				
roport	·	·			
report.	Date Hand-delivered	or Date Postmarked			
re than					
ditures	Receipt#	Amount \$			
	Date Processed				
· .					
	Date Imaged				
ical con	tributions or m	ade			
icai con		aut			
ep curre	nt records of n	olitical			
	ep current records of political tributions to me.				
tant, and no person with whom I					
al contributions, political					
	y campaign finance reports				

OFFICE USE ONLY

- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

Filer ID #

- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

#### Please complete either option below:

DRAIS E. LUKER

(1) Affidavit  NOTARY STAMP/SI	MY Comm.	RY JORDAN TARY PUBLIC TE OF TEXAS # 3536855 Expires 03-10-2026			Signature	of Filer	<i>l</i> )
	ed before me by		uker	this	s the $21$	day of	Nov.
20 24, to certi	fy which, witness my hand a	Mary	Jor	Dan		Nota	(1)
Signature of officer agmini	stewng oath	Printed name of off		ing oath		Title of officer	administering oath
(2) Unsworn Declara	tion		OR				
My name is			, and	my date of bi	irth is		
My address is	(street)			(city)	_,(state)	(zip code)	(country)
Executed in	County, State	of	, on the	day of		, 20 (year)	
			-	Sig	nature of File	r (Declarant)	

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Date Received Tournty Ele NAME NICKNAME SUFFIX 2 8 2024 4 CANDIDATE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE; ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY: STATE: ZIP CODE TREASURER ADDRESS 227 E. KENNARO, FK. (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day COVERED THROUGH 11 ELECTION **ELECTION DATE** FLECTION TYPE Primary Runoff Other Month Description General Special 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

15 €/OH NAME	RIS EI LINKER		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELECT		\$ (]
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN	BUTIONS NS, OR GUARANTEES OF LOANS	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	- EXPENDITURE.	<b>\$</b> ()
	4. TOTAL POLITICAL EXPENDI	TURES	s ()
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIOF REPORTING PERIOD	IONS MAINTAINED AS OF THE LA	AST DAY \$ ()
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS C	OF THE \$
	AMY SANDERS My Notary ID # 10932173	Signature of Ca	andidate or Officeholder
(1) Affidavit  NOTARY STAMP/SEAL	Expires November 2, 2026	Jenlen	
	before me by Morris E. which, witness my hand and seal of office.	Luker this the	28th day of October,
Signature of officer administer	ring oath Printed name of offic	er administering oath	Title of officer administering oath
<b>经情况的数据</b>		OR	
(2) Unsworn Declaration	on		
My name is		and my date of birth is	s
My address is		and the second s	·
	(street)		(state) (zip code) (country)
Executed in	County, State of	_ , on the day of (monti	th)
		Signature of Candi	idate/Officeholder (Declarant)

	COVER	SHEET PG 3
MURRIG E. LUKER	20 Filer ID (Ethics Co	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s <i>O</i>
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	}	s 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		s <i>O</i>
4. SCHEDULE E: LOANS		s 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	s <i>O</i>
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		s <i>O</i>
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	AL CONTRIBUTIONS	\$ <i>O</i>
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s O
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	s <i>0</i>
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	s ()
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$ 1
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB TO FILER	UTIONS RETURNED	s D

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS \ MR CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX **Houston County Elections** 4 CANDIDATE! ADDRESS / PO BOX; STATE; ZIP CODE **OFFICEHOLDER** UCT 0 9 2024 MAILING RATCLIFF. TEXAS 15858 **ADDRESS** KECEIVED Change of Address 5 CANDIDATE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; 7 CAMPAIGN STATE: ZIP CODE **TREASURER ADDRESS** KENMARD (Residence or Business) CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED **THROUGH** 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Other Day Description Special 12 OFFICE 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 14 NOTICE FROM **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

15 C/OH NAME	RIS E. LVKER		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED     PLEDGES, LOANS, (	POLITICAL CONTRIBUTIONS (OTHER THAI OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY)	\$ O
	2. TOTAL POLITICAL (OTHER THAN PLED)	CONTRIBUTIONS GES, LOANS, OR GUARANTEES OF LOANS)	s O
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURE.	\$ ()
	4. TOTAL POLITICAL	EXPENDITURES	\$ <i>0</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CO	ONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$ ()
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AM LAST DAY OF THE RE	MOUNT OF ALL OUTSTANDING LOANS AS O EPORTING PERIOD	FTHE \$ (
18 SIGNATURE   S	Moor or office and a second		
10 OIOIVATOILE 13	wear, or amini, under penalty of	perjury, that the accompanying report is true	e and correct and includes all information
req	uired to be reported by me under 1	Title 15, Election Code.	7 .
		M P J	<b>′</b> )
		Marin E. F.	\1 <b>\</b> 0\01
		11 (B)(0) C. V	AN 10. I
		Signature of Ge	ndidate or Officeholder
		-	
	Please	complete either option below	<i>i</i> •
		oomplete citilet option below	
			·
(4) A CO	CORTNE	EY HYATT	
(1) Affidavit	Notar Notar	v Public R	
	State	of Texas	
		1330142-2 B	
NOTARY STAMP/SFAL	My Comm. Exp	ires 04-24-2027 R	
TO THE TOTAL		Mary Land Commence	
Sworn to and subscribed l	pefore me by	Huako	911-
			7th day of October,
20 ZY, to certify v	which, witness my hand and seal of	office.	
Signature of officer administeri	ng oath Printed na	ame of officer administering oath	Title of officer administering oath
		0.5	<u> </u>
		OR	
(2) Unsworn Declaratio	n		
en e	Extration in extrator design in these contents of the factor by the contents of contents of the contents of th	destruct the platform of the following content was proported and destruction of the proported distribution of the proported destruction of the proported destruct	
My name is			
		, and my date of birth is	
My address is			
	(street)		tate) (zip code) (country)
Evacuted in	()	(Sity)	tate) (zip code) (country)
Executed in	County, State of	, on the day of (month)	, 20 (year)
		(month)	(year)
		Signature of Candidate	ate/Officeholder (Declarant)

19 ÆILER NAM	ME		
MOLA	45 E. LVKER	20 Filer ID (Ethics Co	mmission Filers)
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ Ø
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>U</i>
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		s /
4.	SCHEDULE E: LOANS		s (
5 5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	s J
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		s ()
7. S	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	s /
8	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s ()
9. S	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	s ()
10. S	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ ()
11. s	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 0
12. S	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	s ()

## GANDIDATE OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	Instruction Guide explains how to co	
	only if "Report Type" on page 1 is	marked "Final Report" ••
1 C/OHNAME  MARILLO GILLO	N <0	2 Filer ID (Ethics Commission Filers)
1106615 6, 6013 3 SIGNATURE	KCK	
designating a report as a final report to	ntributions or political expenditures in co erminates my campaign treasurer appoir ampaign expenditures without a campai	onnection with my candidacy. I understand that ntment. I also understand that I may not accept any ign treasure appointment on file.
4 FILER WHO IS NOT AN OFFICE	HOI DED	Signature of Candidate / Officeholder
•• Complete A & B below only if yo		
A. CAMPAIGN FUNDS		
Check only one:		
I do not have unexpended cor	ntributions or unexpended interest or inc	come earned from political contributions.
may not convert unexpended personal use. I also understa unexpended contributions or u filing this final report. Further,	political contributions or unexpended in and that I must file an annual report of unexpended interest or income earned or I understand that I must dispose of une	arned from political contributions. I understand that I interest or income earned on political contributions to f unexpended contributions and that I may not retain on political contributions longer than six years after expended political contributions and unexpended in the requirements of Election Code, § 254.204.
B. ASSETS		
Check only one:		
I do not retain assets purchase	ed with political contributions or interest	or other income from political contributions.
that I may not convert assets p	purchased with political contributions or and that I must dispose of assets purchas	other income from political contributions. I understand interest or other income from political contributions to sed with political contributions in accordance with the
		Signature of Candidate
OFFICEHOLDER		
• Complete this section only if you	i are an officeholder ••	
file. I am also aware that I will b an officeholder, I retain political	e required to file reports of unexpended	riceholder who does not have a campaign treasurer on contributions if, after filing the last required report as om political contributions, or assets purchased with tions.
		Signature of Officeholder

#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS-/MRS-/ MR 3 CANDIDATET OFFICE USE ONLY **OFFICEHOLDER** Do NAME Date Received SUFFIX NICKNAME Houston County Elections 4 CANDIDATE ADDRESS / PO BOX; STATE: ZIP CODE **OFFICEHOLDER** MAR 1 2 2024 **MAILING ADDRESS** RECEIVED Change of Address 5 GANDIDATE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** (Residence or Business) 8 CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month COVERED THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Runoff Other Month Dav Description Special 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

15 C/OH NAME	2218 E. LUKER	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ _0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ ~ [] ~
	4. TOTAL POLITICAL EXPENDITURES	\$ -0-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAGOR REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$ _ [) _
į.	wear, or affirm, under penalty of perjury, that the accompanying report is truquired to be reported by me under Title 15, Election Code.  Signature of Ge	e and correct and includes all information  Lug
	Please complete either option below	v:
(1) Affidavit	DAISY CASTILLO MY COMMISSION EXPIRES 04/15/2025 NOTARY ID: 133037676	
NOTARY STAMP/SEA	· · · · · · · · · · · · · · · · · · ·	12 day of March,
0.1	which, witness my hand and seal of office.	tay or tas en
19	Daisy Castille	Notary
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	<b>OR</b>	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
My address is		· · · · · · · · · · · · · · · · · · ·
Executed in	(street) (city) ( County, State of , on the day of (mont	state) (zip code) (country), 20 (ŷear)
	Signature of Candi	date/Officeholder (Declarant)

19 FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
MARRIS E. LVRER		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		s -1 -
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ -0-
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		s -V-
4. SCHEDULE E: LOANS		s V-
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	s -Ur
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s / V /	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$ -D-	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ -V-
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	s -D-
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$ _U~
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	s -V/
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTOFILER	TIONS RETURNED	s -V-

### CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this for	m.
	<ul> <li>Complete only if "Report Type" on page 1 is marked "Final</li> </ul>	al Report" ••
C/OH NAI	DLRIS E, LVIZER	2 Filer ID (Ethics Commission Filers)
SIGNATU	JRE The state of t	
designatin	spect any further political contributions or political expenditures in connection with n g a report as a final report terminates my campaign treasurer appointment. I also use contributions or make any campaign expenditures without a campaign treasurer at Signatures.	understand that I may not accept any
	HO IS NOT AN OFFICEHOLDER ete A & B below <i>only</i> if you are not an officeholder. ••	
A. 0	CAMPAIGN FUNDS	
Check (	only one:	
I	do not have unexpended contributions or unexpended interest or income earned fr	rom political contributions.
r բ ւ	have unexpended contributions or unexpended interest or income earned from polinary not convert unexpended political contributions or unexpended interest or incomersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political conflight final report. Further, I understand that I must dispose of unexpended political contributions in accordance with the requirementary.	ome earned on political contributions to contributions and that I may not retain tributions longer than six years after ical contributions and unexpended
В. А	ASSETS	
Check	only one:	
	do not retain assets purchased with political contributions or interest or other incor	ne from political contributions.
t	do retain assets purchased with political contributions or interest or other income for hat I may not convert assets purchased with political contributions or interest or othersonal use. I also understand that I must dispose of assets purchased with politic equirements of Election Code, § 254.204.	er income from political contributions to
		Signature of Candidate
•• Comp	HOLDER lete this section only if you are an officeholder •• am aware that I remain subject to filing requirements applicable to an officeholder who	does not have a campaign treasurer on
а	le. I am also aware that I will be required to file reports of unexpended contributions n officeholder, I retain political contributions, interest or other income from political co- olitical contributions or interest or other income from political contributions.	it, atter filing the last required report as ontributions, or assets purchased with
		Signature of Officeholder

The C/OH Instruction G	iuide explains how	to complete this form.	1 Filer ID (E	ithics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS-/-MRS / MR	MORRIST		MI	OFFICE	USE ONLY
NAME	NICKNAME	LAST	• • • • • • • • • • • • • • • • • • • •	SUFFIX	Date Received	
4 CANDIDATE!	ADDRESS / PO BOX;	APT / SUITE #;	CITY; ST.	ATE; ZIP CODE	Houston Cou	nty Elections
OFFICEHOLDER MAILING ADDRESS					FEB 2 (	2024
Change of Address	40B0X 18	4 RATCLIFF T	TEXAS	15858	RECE	IVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EX	TENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	MILLS		MI F.	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
		LUKER			Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS (	NO PO BOX PLEASE); APT / S	SUITE #;	CITY;	STATE;	ZIP CODE
ADDRESS (Residence or Business)	22010 F1	MAME, KEI	NNARD TE	XAS 1594	7	
8 CAMPAIGN	AREA CODE	PHONE NUMBER		TENSION		
TREASURER PHONE	(936)	655 - 2532	,			
9 REPORT TYPE	January 15	30th day before e	election	Runoff		fter campaign ppointment er Only)
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month OA/	Day Year	THROUG	Month H	Day Yea	124
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	Year Primary	Runoff Special	Other Description		
	100 1021	WAY General	Special			
12 OFFICE	OFFICE HELD (if any)	CINNY Pail of	DAGALE L	FICE SOUGHT (if known		NSTABLE
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN I	MADE WITHOUT THE CAND	ADE BY POLITICAL CO	MMITTEES TO SUPPORT
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				A GOOT EXTENSIONES.
	GENERAL	COMMITTEE ADDRESS		1		
Additional Pages		COMMITTEE CAMPAIGN TRE	EASURER NAME			
	SPECIFIC	SSMITTLE OAW AIGH TRE	LAGORER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRE	ss		. Y
	2	GO TO	PAGE 2			

15 6/OH NAME	S E. LUKER	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s -V -			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ ~// -			
	4. TOTAL POLITICAL EXPENDITURES	\$-0-			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$ -			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE \$ -U			
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Signature of Candidate or Officeholder					
Please complete either option below:					
(1) Affidavit	TRESEA LAND NOTARY PUBLIC STATE OF TEXAS ID # 12812736-5 My Comm. Expires 12-14-2025				
NOTARY STAMP/SEA		-			
$\sim 10^{-1}$	before me by this the which, witness my hand and seal of office.	26 day of FeD.			
Jiesea L	and Tresea Land	Notary			
Signature of officer administe	ring oath Printed name of officer administering oath  OR	Title of officer administering oath			
(2) Unsworn Declaration					
My name is	, and my date of birth is				
		· · · · · · · · · · · · · · · · · · ·			
		state) (zip code) (country)			
Executed in	County, State of , on the day of (month	n) . 20 <u>(ÿear)</u> .			
	Signature of Candi	date/Officeholder (Declarant)			

19 FILER NAME	mmission Filers)	
MORRIS E. LUKER		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 70-
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		s -V -
4. SCHEDULE E: LOANS		s ~\/
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	s -0-
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		s ~0 ~
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	s ~ -
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ -11
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	INDS	\$ ~V-
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	s 1/-
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ -0-
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU TO FILER	TIONS RETURNED	s -U-

		ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE7 OFFICEHOLDER NAME	MS / MRS / MR	MÖRRIS	Б,	OFFICE USE ONLY
	NICKNAME	LUKER	SUFFIX	Date Received  Housion County Elections
4 CANDIDATE7 OFFICEHOLDER MAILING	ADDRESS / PO BOX		CITY; STATE; ZIP CODE	FEB 0 6 2024
ADDRESS  Change of Address	POBOX 1	84 RATCUFF, 7	rx. 15858	RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 5537	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	MORR	15 Ĕ.	Receipt # Amount \$
	NICKNAME	LIKER	SUFFIX	Date Imaged
7 'CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	122870 H	=M 227 E, K	ENNARD. TX 15	5847
CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 955- 2537	EXTENSION	
REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
0 PERIOD		8th day before ele	Reporting Limit	Final Report (Attach C/OH - FR)
COVERED	O	16 / 2024	THROUGH $\mathcal{O}_{\mathcal{A}}$	
H ELECTION	Month Day	Year Primary  General	ELECTION TYPE Runoff Other Description Special	
2 OFFICE	OFFICE HELD (IF any)	DUNTY POT, I CON	STABLE HUSDN (	"OUNTY PCT. I CUIYG TAA
4 NOTICE FROM POLITICAL COMMITTEE(S)	I THE CANDIDATE / OFFIC	ENOLDER. THESE EXPENDITURES	MAY HAVE REEN MADE WITHOUT THE CANI	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
. ,	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO	PAGE 2	

15 E/OH NAME	RIS E. LUKER	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - V -			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF L	OANS) \$ -0-			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ ~10 -			
	4. TOTAL POLITICAL EXPENDITURES	\$ -0 -			
CONTRIBUTION BALANCE	<ol> <li>TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF T OF REPORTING PERIOD</li> </ol>	HE LAST DAY \$ - 10			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAN LAST DAY OF THE REPORTING PERIOD	S AS OF THE \$			
Signature of Candidate or Officeholder  Please complete either option below:					
(1) Affidavit  NOTARY STAMP/SEAL	TRESEA LAND NOTARY PUBLIC STATE OF TEXAS ID # 12812736-5 My Comm. Expires 12-14-2025	. 14			
Sworn to and subscribed before me byMorri's Earl Luker this the this the day ofFebruary					
OR (2) Unsworn Declaration					
My name is	, and my date of	birth is			
	(street) (city)	(state) (zip code) (country)			
Executed in	County, State of, on the day of _	, 20 (month) (year)			
	Signature of	Candidate/Officeholder (Declarant)			

19 FILER NAME ORRISE, LVKER  20 Filer ID (Ethics Col	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s ~V ~
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -9-
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	s -U-
4. SCHEDULE E: LOANS	s -V-
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s - () -
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -1-
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ ~ () -
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -1) -
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0 -
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -1)-
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ ~() -

#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 GANDIDATE MS7 MRS7 MR MI OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME Hauston County Elections 4 CANDIDATET ADDRESS / PO BOX: STATE; OFFICEHOLDER JAN 12 2024 MAILING **ADDRESS** P. O. Box 184 RATCHETX 15858 HECHIVED Change of Address 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 655-2532 PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** NAME Date Processed NICKNAME Date Imaged 7 CAMPAIGN STATE: ZIP CODE **TREASURER ADDRESS** 2870 FM 221 E, KENNARD TX, 15847 (Residence or Business) CAMPAIGN **TREASURER** 655-2532 PHONE 9 REPORT TYPE 30th day before election 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day COVERED THROUGH 11 ELECTION ELECTION TYPE Other Description 12 OFFICE HOUSTON COUNTY PCT. 1 CONSTABLE 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

15 C/OH NAME	IS E. LUKER	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0 -			
	4. TOTAL POLITICAL EXPENDITURES	\$ 37500			
CONTRIBUTION BALANCE	<ol> <li>TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD</li> </ol>	T DAY \$ -6-			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ _ 0 ~			
18 SIGNATURE IS	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all info			
rec	uired to be reported by me under Title 15, Election Code // //	and correct and includes all information			
	amount to so ropolition by this difficult fille 15, Election Code.	Λ			
	///\ . \ \ \	4.1			
	/ IV TONU V.	1 lines			
		1 offer			
	Signature of Car	ndidate or Officeholder			
	Please complete either option below				
- 10000 Complete Cities Option Delow,					
STACY R. HAND					
NOTARY PUBLIC					
	STATE OF TEXAS				
(1) Affidavit	/ ID#13101567-6				
(1) Affidavit My Comm. Expires 02-22-2025					
,					
NOTARY STAMP/SEAL					
Sworn to and subscribed	before me by Stary Hand this the	12th day of January			
20 <u>34</u> , to certify	which, witness my hand and seal of office.	nolary			
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath			
	OR	Company of the second s			
(2) Unsworn Declaration					
(2) Ullsworn Declaration	лі				
My name is	, and my date of birth is	***************************************			
My address is					
**************************************		cate) (zip code) (country)			
<b>5</b>		aco, (zip code) (country)			
Executed in	County, State of , on the day of(month)	, 20 (year)			
	(monar)	(year)			
	Signature of Candida	ate/Officeholder (Declarant)			

19	FILER NAME  MORRIS E. LUKER  20 Filer ID (Ethics Con	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 37500
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITORE CATE	GURIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi		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)
Credit Card Payment	The Instruction Guide explain	ns how to complete this form.	and the second s
1 Total pages Schedule G:	2 FILER NAME RRIS E. L	VKER	3 Filer ID (Ethics Commission Filers)
4 Date 13 123	5 Payee name HOVSTON COUNTY	REPUBLICAN	PARTY
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended		AVENUE CROGE	NETT TX 75035
8 PURPOSE	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	FOL
OF EXPENDITURE	OTHER		FEE TO SIBN UP OFFI
9	(C) Check if travel outside of Texas. Complete Sci	<u> </u>	n. 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
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this se	chedule) Description	
LAFENDITORE	Check if travel outside of Texas, Complete Sci	hedule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	chedule) Description	
	Check if travel outside of Texas. Complete Sci	hedule T. Check if Austin	n. TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

## APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

### FORM CTA PG 1

	See	1 Total pages filed:			
2	CANDIDATE	MS/-MRS / MR FIRST MI	OFFICE USE ONLY		
	NAME	MORRIS E,	Filer ID #		
		NICKNAME LAST SUFFIX	Date Received Houston County Elections		
		LUKER			
3	CANDIDATE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	NOV 1 6 2023		
	MAILING ADDRESS		REGEIVED		
		P.O.BOX 184 RATCHEF TX 15958	Date Hand-delivered or Postmarked		
4	CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount \$		
		(936) 6 <b>55</b> -2532	Date Processed		
5	OFFICE HELD (if any)	HONSTON COUNTY PCT, I CONSTABLE	Date Imaged		
6	OFFICE SOUGHT (if known)	HOUSTON COUNTY PCT.   CONSTABLE			
7	CAMPAIGN TREASURER NAME	•MISAMRS/MR FIRST MI NICKNAME	LAST SUFFIX		
		MORRIS EARLE L VILER			
8	CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE		
(	residence or business)	22970 FM 227 EHST KENNAPO TEXAS TO	5847		
9	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION			
	PHONE	(936) 655-2532			
10	CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	xas Government Code.		
		I am aware of my responsibility to file timely reports as the Election Code.	required by title 15 of		
		I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.	Code on contributions		
		Signature of Candidate	Date Signed		
*************	GO TO PAGE 2				