		E REPORT				ORM C/OH HEET PG 1
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Et	hics Commission Filers)	2 Total pages file	ed: \md
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS MR	Shund		R		USE ONLY
	NICKNAME	ARTHUR	-	SUFFIX	City Sec	utary
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	; APT / SUITE #;	CITY; STA		Sood AL	. Gorgin
Change of Address		3				
5 CANDIDATE/ OFFICEHOLDER PHONE	(832)	723 · 1904	EXT	FENSION	4.3.2	or Date Postmarked
6 CAMPAIGN TREASURER	MS (MRS// MR	Shaha		M	Receipt #	Amount \$
NAME	NICKNAME	An Hun		SUFFIX	Date Processed 3	2024
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #;	CITY;	STATE;	ZIP CODE
TREASURER ADDRESS				Munig	T	7-72111
(Residence or Business)	[			Connuc	1	77304
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXT	ENSION		
TREASURER PHONE	(832)	723.1904				
9 REPORT TYPE	January 15	30th day before	election	Runoff	15th day aft treasurer ap (Officeholde	
	July 15	8th day before el	ection	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	$\frac{Month}{2}$	Day Year / 7/2024	THROUGH	Month 3	Day Year / 25 / 20	
11 ELECTION	ELECTION DA	TE .		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description	÷	
	5/4/	2024 General	Special			
12 OFFICE	OFFICE HELD (if any)	A	^	FICE SOUGHT (If known	A . / W	2
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CE OF POLITICAL CONTRIBUTIONS CEHOLDER, <i>THESE EXPENDITURE</i> S AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN M	ADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
· COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME			er and an
/		COMMITTEE CAMPAIGN TR	REASURER ADDRES	SS		
		GO TO	PAGE 2			

# **CANDIDATE / OFFICEHOLDER**

# FORM C/OH

CAMPAIGN	N FINANCE REPORT	COVER SHEET PG 2
15 C/OH MAME	c R. Aethur	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ D
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <b>&amp;</b>
	4. TOTAL POLITICAL EXPENDITURES	\$ 52, 528. 72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L OF REPORTING PERIOD	\$ 34,594.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	\$ 42,500.00
rec	quired to be reported by me under Title 15, Election Code  Signature of C	Candidate or Officeholder
	Please complete either option belo	w:
(1) Affidavit	CHERILYN WILLIAMS Notary Public, State of Texas Comm. Expires 10-12-2025 Notary ID 13338651-1	
NOTARY STAMP/SEA		
Sworn to and subscribed	before me by Shana arthur this th	e 3rd day of April
20 , to certify  Signature of officer administe	Wyams (herilyn Williams	No fary Title of officer agministering oath
organization of only administra	OR	Title of officer applifications of the
(2) Unsworn Declarati	ion	
My name is	, and my date of birth	is
My address is	, , , , , , , , , , , , , , , , , , ,	
Eve ente d in		(state) (zip code) (country)
Executed in	County, State of , on the day of (mor	, 20 (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

Gr. r

#### FORM C/OH COVER SHEET PG 3

19	Shana R. Aethur	20 Filer ID (Ethics Con	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	, .	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ \$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ <b>B</b>
4.	SCHEDULE E: LOANS		\$ 42,500.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$ 52, 528. 72
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	•	\$ 434.07
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ D
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 2
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ <b>B</b>
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$ 2

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

	The	Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1:
2	FILERSIAME	na R ARthur	-		3 Filer ID (Ethics Commission Filers)
	Date	5 Full name of contributor  MARSHA J HORS  6 Contributor address;	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
3	15.24	6 Contributor address;		State; Zip Code	500.00
	į			on pur TX 77-304	
8	Principal occur	pation / Job title (See Instructions)		9 Employer (See Instruc	etions)
I	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
0		\			
F	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	etions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;		State; Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	otions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	,
				1	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)

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

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

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:
2 FILER NAME Shana R. Arthur	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$
5 Date 6 Full name of contributor	Zip Code  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)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	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	Amount of Contribution \$ I In-kind contribution description  Zip Code I
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL)(See Instructions)
/ Illiopal secapation / Cos and (Corvice Cossis) (Cossis (Cossis Cossis Cossis (Cossis Cossis	Zimpoyor (Control Control Cont
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

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

#### PLEDGED CONTRIBUTIONS SCHEDULE B If the requested information is not applicable, DO NOT include this page in the report. Total pages Schedule B: The Instruction Guide explains how to complete this form. 2 FILER NAME Filer ID (Ethics Commission Filers) \$ 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 9 In-kind contribution Amount of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#: of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor out-of-state PAC (ID# Pledge \$ description Zip Code Pledgor address; City; State; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date Full name of pledgor out-of-state PAC (ID#: Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# **LOANS**

# SCHEDULE E

ii tile requested i	information is not applicable, bo Not	morado uno pago in tilo rop	
The Ir	nstruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME	R. ARTHUR		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNI	TEMIZED LOANS		\$ 42,500 °°
5 Date of loan 2.20.24	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$) 2500.00
	8 Lender address: Citv:	State; Zip Code ONUN IX 77314	10 Interest rate  11 Maturity date  NA
12 Principal occupation	n / Job title (See Instructions)	13 Employer (See Instructions)  ReH'rud	
14 Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	N/A
20 Principal Occupati	fon (See Instructions)	21 Employer (See Instructions)	
3 · 14 · 2024	Name of lender Dout-of-state Shana R. Arethur	PAC (ID#:)	Loan Amount (\$) 40, 000
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate  Maturity date  NIA &
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	1 1 1
Description of Colla	ateral	Check if personal fur account (See Instruc	nds were deposited into political ctions)
GUARANTOR INFORMATION  not applicable	Name of guarantor  A  Guarantor address;  City;	State; Zip Code	Amount Guaranteed (\$)
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	•
If Id	ATTACH ADDITIONAL COR	PIES OF THIS SCHEDULE AS NE	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.					
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political C Credit Card Payment	Fees Office Overl Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	oense ages/Contract Labor	Solicitation/Fundralsi Transportation Equip Travel in District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
1 Total pages Schedule F1: 2	Shana R. ARthur		3 Filer ID (Fithics	Commission Filers)	
4 Date 2.27.24	5 Payee name Chase Ban/L				
6 Amount (\$) 24.00	7 Payee address; 1320 W. DAVIS Stellet	Conne	State;	77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  ACLOUNTING- NUME	(b) Description  CDS+ D+ (	Shecks		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	***	Office held	
3.15.2024	Colortech Pirect				
Amount (\$)	Payee address;	City;	State;	Zip Code	
3,545.19.	809 Pable Steed	Connec	N	77301	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Isigns	Yard sig			
	Check if travel outside of Texas. Complete Schedule T.	Check If Au	stin, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
3.18.2024	T-Shirts Plus				
Amount (\$)	Payee address;	City;	State;	Zip Code	
519.40	2024 FM 2854 RA	Concoc	权	77304	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising / Shints	Shirets			
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	ıstin, TX, officeholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS N	EEDED		



### schedule F1

If the requested information is not applicable, DO NOT include this page in the report.					
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Bankling Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Ol Food/Beverage Expense Po y Gift/Awards/Memorials Expense Pr al Committee Legal Services Sa	an Repayment/Reimbursement fice Overhead/Rental Expense olling Expense inting Expense alaries/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 h	ow to complete this form.			
1 Total pages Schedule F1:	Shank R. Anthur		3 Filer ID (Ethics Commission Filers)		
4 Date 3 · 72 · 24	5 Payee name Colontech Dinect				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
2314.93	809 Cable Street	Conpoe	TX 77301		
8	(a) Category (See Categories listed at the top of this scho	edule) (b) Description			
PURPOSE OF EXPENDITURE	Adver tising	Signs			
	(c) Check if travel outside of Texas. Complete Scheo	dule T. Check If Austin	, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Data	Payee name				
3·22·2024	1	JGMedia			
Amount (\$)	Payee address;	City;	State; Zip Code		
1125.00	3400 E. Palm Valley &	Blvd BW3 R	OUND POLLETY 78665		
	Category (See Categories listed at the top of this sche	dule) Description			
PURPOSE OF EXPENDITURE	Adule tising	Ad	in Maguzine		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austir	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
3.12.2024	511	un			
Amount (\$)	Payee address;	City;	State; Zip Code		
15,000.00	3355 W: Alabuma	#1220 House	on 77 77098		
	Category (See Categories listed at the top of this sch	edule) Description			
PURPOSE OF EXPENDITURE	Legal Services	Leya	1 fees		
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austi	n, TX, officeholder living expense		

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Office held

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Credit Card Payment	Control of the second s	Salaries/Wages/Contract Labor explains how to complete this form.		gory not listed above)	
1 Total pages Schedule F1:	Shaha P AND	Mup	3 Filer ID (Ethi	cs Commission Filers)	
3.15.2024	5 Payee name FUDMIN 4 FU	Muen			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
10,000.00	3355 N Alaba	ma # 1220 Hous	ton I	77098	
8	(a) Category (See Categories listed at the to	op of this schedule) (b) Description			
PURPOSE OF EXPENDITURE	Legal Seevila	s Leg	ul Aes		
	(c) Check if travel outside of Texas. Co	omplete Schedule T. Check If	Austin, TX, officeholder livi	ng expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	nt .	Office held	
Date	Payee name	11			
3.18.2024	Feldman & Feld				
Amount (\$)	Payee address;	City;	State;	Zip Code	
10,000.00	3355 W. Ala	bana #1220 (°01	nea to	77098	
PURPOSE	Category (See Categories listed at the to		, 0		
OF EXPENDITURE	Legal Service	a Ligo	il thes		
	Check if travel outside of Texas. Co	omplete Schedule T. Check if	Austin, TX, officeholder livi	ing expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sough	nt	Office held	
Date	Payee name				
3.25.2024	Feld man 4 Fe	ldnen			
Amount (\$)	Payee address;	City;	State;	Zip Code	
10,000.00	3355 W. Ala	buna 41220 Co	near TX	7708	
PURPOSE	Category (See Categories listed at the to	op of this schedule) Description	1 1 0		
OF EXPENDITURE	Lyw Sllvia	- Leg	ul tes		
	Check if travel outside of Texas, C	omplete Schedule T. Check ii	f Austin, TX, officeholder liv	ing expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office soug	ht ,	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Accounting/Banking Food/Beverage Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District **Printing Expense** Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: \$ 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 6 Payee name 5 Date Zip Code City; State; 7 Amount (\$) 8 Payee address; TYPE OF Political Non-Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought 11 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date Zip Code State: City; Payee address; Amount (\$) TYPE OF Non-Political Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F3

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME	and R. Apthur	3 Filer ID (Ethios Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	y; State; Zſp Code
,	7 Description of investment	
_	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	,
	Address of person from whom investment is purchased; Cit	y; State; Zip Code
-	Description of investment	
-	Amount of investment (\$)	
	<i>(</i> *	
1		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E AS NEEDED

# **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex	yment/Reimbursement head/Rental Expense ense pense	Solicitation/Fundralsi Transportation Equip Travel In District Travel Out Of Distric	ment & Related Expense
Candidate/Officeholder/Political	Committee Legal Services Salaries/W  The Instruction Guide explains how to committee	ages/ContractLabor	Other (enter a catego	
1 Total pages Schedule F4:	2 Shername R. Abshur	A CONTRACTOR OF THE CONTRACTOR	3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CR	EDITCARD	\$ 439.0	)7
5 Date 3 · 18 · 2024	6 Payee name Muil buxes N Male			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
(0.00	2257 N LOOP W#140	Conpoc	双	77304
9 TYPE OF EXPENDITURE	Political Non-Po	olitical		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Notary	Re	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder livin	ng expense
	The state of the s			
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	neld
Complete ONLY if direct	Candidate / Officeholder name  NA  Payee name  TRACTOR Supply Co	office sought	Office h	neld
Complete ONLY if direct expenditure to benefit C/OH	N/A Payee name O A	Office sought  City;	Office h	neld Zip Code
Complete QNLY if direct expenditure to benefit C/OH  Date 3.19.2024	N/A Payee name TRACTOR Supply Co		State;	
Complete ONLY if direct expenditure to benefit C/OH  Date 3.   9. 2024  Amount (\$)	Payee name TRACTOR Supply Co Payee address; 1407 Thurstak 45N	City;	State;	Zip Code
Complete ONLY if direct expenditure to benefit C/OH  Date 3.19. 2024  Amount (\$)  217. 73  TYPE OF	Payee name TRACTOR Supply Co Payee address; 1407 Thurstall 45 N	City; (ON LOC colitical Description	State;	zip Code 77304
Complete ONLY if direct expenditure to benefit C/OH  Date 3.19. 2024  Amount (\$)  217. 73  TYPE OF	Payee name TRACTOR Supply Co Payee address; ILOT THERESAL LEN  Political Non-P	City; (ON LOC colitical Description	State;	zip Code 77304
Complete ONLY if direct expenditure to benefit C/OH  Date 3. 19. 2024  Amount (\$)  217. 73  TYPE OF EXPENDITURE  PURPOSE OF	Payee name TRACTOR Supply Co Payee address;  LUCT THE HALL 45 N  Political Non-P Category (See Categories listed at the top of this schedule)	City; CONCOC colitical Description CHUP MA	State;	zip Code 77304 L Signage
Complete ONLY if direct expenditure to benefit C/OH  Date 3. 19. 2024  Amount (\$)  217. 73  TYPE OF EXPENDITURE  PURPOSE OF	Payee name TRACTOR Supply Co Payee address;  I 40 7 The Hart 45 N  Political Non-P  Category (See Categories listed at the top of this schedule)  Alvuh's I'ns  Check if travel outside of Texas. Complete Schedule T.	City; CONCOC colitical Description CHUP MA	State; TD	zip Code 77304 L Signage
Complete ONLY if direct expenditure to benefit C/OH  Date 3.   9. 2024  Amount (\$)  2 17. 73  TYPE OF EXPENDITURE  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee name TRACTOR Supply Co Payee address;  I 40 7 The Hart 45 N  Political Non-P  Category (See Categories listed at the top of this schedule)  Alvuh's I'ns  Check if travel outside of Texas. Complete Schedule T.	City; CONCOC  Colitical  Description  CHUP MAA	State; TQ  Lapplie &	zip Code 77304 L Signage

# **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

		· · · · · · · · · · · · · · · · · · ·		AND THE REAL PROPERTY OF THE PARTY OF THE PA
	EXPENDITURE CATEGORIES	,		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Office Offi	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	Travel In District Travel Out Of Distri	ipment & Related Expense
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F4:	Shana R. ARTHUR		3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMI	IZED EXPENDITURES CHARGED TO A C	REDIT CARD	\$ 439.0	7
5 Date 3.19.2024	6 Payee name Harbor Falight			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
18.90	1405 N 1-45	Houston	n T	77304
9 TYPE OF EXPENDITURE	Political Non-	Political		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	suppli	ci/equip	for signesse
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder liv	ing expense
11	Candidate / Officeholder name	Office sought	Office	held
Complete ONLY if direct expenditure to benefit C/OH	NIA			
3.14.2024	COLOR LECK DINECT			
Amount (\$)	Payee address;	City;	State;	Zip Code
51.94	809 Cable Street	Connec	双	77301
TYPE OF EXPENDITURE	Political Non-	-Political		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Adverticing	Name	tags	
	Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder liv	ving 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 NE	EDED	

# **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political						
	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME L. AVIIII 3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 431.07					
3.14.2024	6 Payee name SH'UUL MUUL					
7 Amount (\$)	8 Payee address; City; State; Zip Code					
hv.48	334 Forest Ave. American NY 12010					
9 TYPE OF EXPENDITURE	Political Non-Political					
10	(a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	Adventising Buttons					
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held					
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
TYPE OF EXPENDITURE	Political Non-Political					
	Category (See Categories listed at the top of this schedule)  Description					
PURPOSE						
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T. 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 PERSONAL FUNDS

SCHEDULE G

	The second secon	EXPEN	IDITURE CATE	EGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Expense emorials Expense	Office Ove Polling Ex Printing E Salaries/V		Travel In District Travel Out Of Distric	oment & Related Expense
1 Total pages Schedule G:	2 FILER NA	INA R	Are thu			3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee na	me					
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee ad	dress;			City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category		listed at the top of this		(b) Description  Check if Aus	slin, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candi	date / Officeh	older name		Office sought		Office held
Date	Payee na	ame					
Amount (\$)	Payee ad	ddress;		/	City;	State;	Zip Code
Reimbursement from political contributions intended				X	. *		
PURPOSE OF EXPENDITURE	Categor		s listed at the top of th		Description		
Complete <u>ONLY</u> if direct expenditure to benefit C/		Check if travel out	side of Texas. Complete	e Schedule T.	Office sought	ıstin, TX, officeholder livin	Office held
Date	Payee n	ame					
Amount (\$)	Payee a	ddress;			City;	State;	Zip Code
Reimbursement from political contributions intended		/					
PURPOSE OF EXPENDITURE	Catego	ry (See Categorie	es listed at the top of th	his schedule)	Description		
			tside of Texas. Complet	e Schedule T.		ustin, TX, officeholder livir	
Complete ONLY if direct expenditure to benefit C/OF		lidate / Office	holder name		Office sought	· · · · · · · · · · · · · · · · · · ·	Office held
	AT	TACH ADDIT	IONAL COPIES	S OF THIS	SCHEDULE AS NE	EDED	D 1 - 1 4/4/000

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

		EXPENDITUI	RE CATEGORIES	FOR BOX 8(a)	***************************************	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	e Polling E Expense Printing Salaries	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor complete this form.	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense
1 Total pages Schedule H:	2 FILER N		w.thu		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business	name				
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at t	he top of this schedule)	(b) Description		
	(c)	Check if travel outside of Texa	s. Complete Schedule T.	Check if Aust	tin, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/C		late / Officeholder na	ame	Office sought	1	Office held
Date	Business	s name				
Amount (\$)	Busines	s address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at t		Description  Check if Ausl	tin, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/C		date / Officeholder n	ame	Office sought		Office held
Date	Busines	s name				
Amount (\$)	Busines	s address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at	the top of this schedule)	Description		
4		Check if travel outside of Tex	as. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	
Complete ONLY if direct expenditure to benefit C/		date / Officeholder n	name	Office sought		Office held
	AT	TACH ADDITIONA	L COPIES OF THIS	S SCHEDULE AS NE	EDED	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	Shand R. Arthur	3 F	ler ID (Ethics Commission Filers)		
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City	State Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructi required.)	ons regarding type of information		
Date	Payee name		,		
Amount (\$)	Payee address;	City	State Zip Code -		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instruct required.)	ions regarding type of information		
Date	Payee name		* /		
Amount (\$)	Payee address;	City	State Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instruct	ions regarding type of information		
Date	Payee name				
Amount (\$)	Payee address;	City	State Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instruct required.)	ions regarding type of information		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sched	ule K:		
2 FILER NAME	ina R. Arthur	3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Name of person from whom amount is received	,,	8 Amount (\$)		
	6 Address of person from whom amount is received; City; Sta	te; Zip Code			
	7 Purpose for which amount is received Check if	political contribution	eturned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
		<i></i>			
	Address of person from whom amount is received; City; Sta	ate; Zip Code			
	Purpose for which amount is received	political contribution i	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	te; Zip Code			
	Purpose for which amount is received Check if				
	Check N	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
,	Address of person from whom amount is received; City; St	ate; Zip Code			
-	Purpose for which amount is received Check if	political contribution	returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule B Schedule A2 Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule COH-UC Schedule B-SS Schedule F2 Schedule F4 Schedule G Schedule H 6 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule B Schedule A2 Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule B Schedule B(J) Schedule A2 Schedule 62 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Name of person(s) traveling Dates of travel Departure city or name of departure location

Revised 1/1/2024

Means of transportation

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Purpose of travel (including name of conference, seminar, or other event)

Destination city or name of destination location