CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

ADDRESS Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 9 REPORT TYPE 10 PERIOD COVERED 11 ELECTION 11 ELECTION 12 OFFICE 14 NOTICE FROM PHONE 14 NOTICE FROM PHONE 14 NOTICE FROM PHONE 14 NOTICE FROM PHONE 14 NOTICE FROM THIS BOX IS FOR THE CANDIDATE 14 NOTICE FROM COVERED 14 NOTICE FROM COVERED				
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ADDRESS / PC ADDRESS / PC OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 9 REPORT TYPE 10 PERIOD COVERED 11 ELECTION 10 PERIOD COVERED 11 ELECTION 11 ELECTION 12 OFFICE 14 NOTICE FROM POLITICAL COMMITTEE(S) 14 NOTICE FROM POLITICAL COMMITTEE(S) 14 NOTICE FROM POLITICAL COMMITTEE(S) 14 NOTICE FROM POLITICAL COMMITTEE(S) 14 NOTICE FROM POLITICAL COMMITTEE(S) 15 CANDIDATE / 503 N T AREA CODE (903) 16 CAMPAIGN TREASURER PHONE 17 CAMPAIGN TREASURER PHONE 18 CAMPAIGN TREASURER PHONE 19 COVERED 10 PERIOD COVERED 10 COVERED 10 COVERED 10 COVERED 11 ELECTION 11 ELECTIO	FIRST Andre	MI	OFFICE	USE ONLY
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7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDR 805 N. 8 CAMPAIGN TREASURER PHONE AREA CODE (903) 9 REPORT TYPE Januar 10 PERIOD COVERED M 11 ELECTION Month 11 12 OFFICE OFFICE HELD 14 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR THE CANDIDATE COMMITTEE T	FIRST Lana	MI	Receipt #	Amount \$
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11 ELECTION ELECTION 11 ELECTION Month 11 / 1 11 12 OFFICE OFFICE HELD 14 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR THE CANDIDATE CONSENT. CANDIDATE COMMITTEE T Image: Committee To the candidate consent of the c	onth Day Year	Month	Day Yea	r
Month 11 / 5 12 OFFICE 14 NOTICE FROM POLITICAL COMMITTEE(S) Month 11 / 5 OFFICE HELD THIS BOX IS FOR THE CANDIDATE COMMITTEE T GENERA	/ 1 / 24	THROUGH 6	/ 30 / 24	
14 NOTICE FROM POLITICAL COMMITTEE(S)	Dev Year Primary	ELECTION TYPE Runoff Other Description Special		
POLITICAL COMMITTEE(S)	if any)	13 OFFICE SOUGHT (if known County Commis		nct 1
	OFFICEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CAN IRED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOU	DER'S KNOWLEDGE OR
	YPE COMMITTEE NAME			
raanona ragoo	COMMITTEE ADDRESS			
SPECIF	C COMMITTEE CAMPAIGN TRE	EASURER NAME		
	COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
		PAGE 2		

Forms provided by Texas Ethics Commission GRAYSON CO ELECTIONS 2024 JUL 17 PM3:55:58

www.ethics.state.tx.us

Revised 1/1/2024

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Andre Luper		16 Filer I	D (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 380.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 1,430.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		s 19.98
	4. TOTAL POLITICAL EXPENDITURES		\$ 1,643.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY	\$ 437.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$ 0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true	and corre	ect and includes all information
req	uired to be reported by me under Title 15, Election Code.	\bigcirc	
	Cudi		
	Signature of Car	didate or	Officeholder
	Please complete either option below	-	
(1) Affidavit			
(I) Allidavit			
NOTARY STAMP/SEAL			
Sworn to and subscribed	before me by this the		day of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administer	ing oath Printed name of officer administering oath	Т	itle of officer administering oath
	OR		
(2) Unsworn Declaratio	on		
My name is Andre Lup	er, and my date of birth is	X	
My address is X821			5090 USA
iny address is			ip code) (country)
Executed in Grayson	County, State of Texas, on the 15th day of July	ate) (21	. 20 24
Executed III	County, State of, on the day of (month)	,	, 20 <u>2-</u> . (year)
	Signature of Candida	ate/Officeh	older (Declarant)

GRAYSON CO ELECTIONS 2024 JUL 17 PM3:56:05

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME Andre Luper	20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,050.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRI	BUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POL	LITICAL CONTRIBUTIONS	\$ 1,623.75
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM F	POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUT	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM PO	LITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND C TO FILER	CONTRIBUTIONS RETURNED	\$

Andre Luper 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of contribution (\$) 01/05/2024 5 Contributor address; City; State; Zip Code 25.0 01/05/2024 6 Contributor address; City; State; Zip Code 25.0 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 25.0 Coder 9 Employer (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$ 01/114/2024 Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$ Principal occupation / Job title (See Instructions) City; State; Zip Code 1725 McDougall Creek, Van Alstyne, TX 75495 Employed 25.0 Principal occupation / Job title (See Instructions) Employed Amount of contribution (\$ Date Full name of contributor out-of-state PAC (ID#:	ity: State: Zip Code Perman TX 75090 9 Employer (See Instructions) Sherman HS -of-state PAC (ID#) ity: State: Zip Code /an Alstyne, TX 75495 Employer (See Instructions) Not Employed -of-state PAC (ID#) Amount of contribution (\$) cof-state PAC (ID#) Employer (See Instructions) Not Employed -of-state PAC (ID#) ty: State: Zip Code an, TX 75021 Employer (See Instructions) Self Employed -of-state PAC (ID#) fy: State: Zip Code Amount of contribution (\$) Self Employed -of-state PAC (ID#) fy: State: Zip Code Amount of contribution (\$) Self Employed -of-state PAC (ID#) fy: State: Zip Code Context State	FILER NAME
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Coder Sherman HS Date Full name of contributor out-of-state PAC (ID#) Christopher Harrison Contributor address; City; Contributor address; City; State; T25 McDougall Creek, Van Alstyne, TX 75495 25.0 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contributor Date Full name of contributor O1/12/2024 Full name of contributor Principal occupation / Job title (See Instructions) Contributor state PAC (ID#) Date Full name of contributor O1/12/2024 Full name of contributor O1/12/2024 Full name of contributor Principal occupation / Job title (See Instructions) City; State; Zip Code 408 E Main, Denison, TX 75021 Amount of contributons) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Sherman HS -of-state PAC (ID#:) ity; State; Zip Code /an Alstyne, TX 75495 25.000 Employer (See Instructions) Not Employed Amount of contribution (\$) -of-state PAC (ID#:) Amount of contribution (\$) ty; State; Zip Code n, TX 75021 Amount of contribution (\$) Employer (See Instructions) n, TX 75021 State; Employer (See Instructions) Self Employed Amount of contribution (\$) -of-state PAC (ID#:) Amount of contribution (\$)	01/05/2024
01/14/2024 Christopher Harrison 25.0 Contributor address; City; State; Zip Code 1725 McDougall Creek, Van Alstyne, TX 75495 Employer (See Instructions) 25.0 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$ Not Employed Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$ Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$ 01/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$ Principal occupation / Job title (See Instructions) City; State; Zip Code 01/12/2024 Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$ Principal occupation / Job title (See Instructions) Employer (See Instructions) 50.0 Principal occupation / Job title (See Instructions) Employer (See Instructions) 50.0	ity; State; Zip Code /an Alstyne, TX 75495 25.000 Employer (See Instructions) Not Employed Amount of contribution (\$) -of-state PAC (ID#:) Amount of contribution (\$) ty; State; Zip Code n, TX 75021 50.000 Employer (See Instructions) Self Employed Amount of contribution (\$) -of-state PAC (ID#:) Amount of contribution (\$) state; Zip Code State; Zip Code Mount of contribution (\$) State; State; Zip Code Mount of contribution (\$) Amount of contribution (\$) State; Zip Code State; Zip Code	
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Not Employed Not Employed Date Full name of contributor out-of-state PAC (IDIF) Pamela McGraw Pamela McGraw Amount of contribution (\$ 50.0 Contributor address; City; State; Zip Code 408 E Main, Denison, TX 75021 Employer (See Instructions) Employer (See Instructions)	Not Employed -of-state PAC (ID#:) ty; State; Zip Code ty; State; Zip Code on, TX 75021 Employer (See Instructions) Self Employed -of-state PAC (ID#:) Arnount of contribution (\$) Arnount of contribution (\$) Self Employed -of-state PAC (ID#:) Arnount of contribution (\$) State; Zip Code 500.000	01/14/2024
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	Self Employed -of-state PAC (ID#:) Amount of contribution (\$) On County ty; State; Zip Code 5000.000	01/12/2024
	bn County ty; State; Zip Code 500.00	
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$ Democratic Women of Grayson County Amount of contribution (\$	ty; State; Zip Code 500.00	Date
01/26/2024 Contributor address; City; State; Zip Code 500.0	man, TX 75091	01/26/2024
PO Box 3387, Sherman, TX 75091		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		
	IN/A	rolitical Action
Political Action Committee N/A		

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Andre Lu	per		
4 Date 01/29/2024	Jan Fletcher	State; Zip Code an, TX 75092	7 Amount of contribution (\$)
8 Principal occu Retired		Employer (See Instruction Retired	ons)
Date 03/01/2024	Full name of contributor out-of-state PAC (I Pam McGraw Contributor address; Contributor address; City; 408 E. Main St., Denison	State; Zip Code	Amount of contribution (\$) 100.00
Principal occup Attorney	bation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 03/29/2024	Full name of contributor out-of-state PAC (I Jan Fletcher Contributor address; Contributor address; City; 1050 Hazelwood Road, Sherm		Amount of contribution (\$) 5.00
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/29/2024	Full name of contributor out-of-state PAC (I Jan Fletcher Contributor address; City; 1050 Hazelwood Road, Sherm	State; Zip Code	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions)	Employer (See Instruction	ons)

		3 Filer ID (Ethics Commission Filers)
er		
Craig Blanton 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) 10.00
		ons)
Joshua Terry Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Fred Meyer III Contributor address; City;	State; Zip Code	Amount of contribution (\$)
		ons)
Contributor address; City;	State; Zip Code	Amount of contribution (\$)
		ions)
	5 Full name of contributor out-of-state PAC (Craig Blanton 6 Contributor address; City; 201 E Texas St, Denison, ation / Job title (See Instructions) 6 Full name of contributor out-of-state PAC (Joshua Terry out-of-state PAC (Contributor address; City; 1903 W. Taylor St, Apt 212, Shern ation / Job title (See Instructions) Full name of contributor out-of-state PAC (Fred Meyer III Contributor address; City; 1817 W. College St, Sherma ation / Job title (See Instructions) F Full name of contributor out-of-state PAC (Parmela McGraw City; Contributor address; City; 408 E Main St, Denison, Toty; 408 E Main St, Denison, Toty;	5 Full name of contributor out-of-state PAC (ID#) 6 Contributor address; City; State; Zip Code 201 E Texas St, Denison, TX 75021 ation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) 9 Contributor address; City; State; Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#) Full name of contributor out-of-state PAC (ID#) Full name of contributor out-of-state PAC (ID#) Fred Meyer III Contributor address; City; State; Zip Code 1817 W. College St, Sherman, TX 75092 Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#

110 11	struction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Andre Lupe		C (ID#:)	7 Amount of contribution (\$)
01/29/2024	Contributor address; City; 1050 Hazelwood Road, Sherr	State; Zip Code	5.00
8 Principal occupa Retired	tion / Job title (See Instructions)	9 Employer (See Instruct Retired	ions)
Date 03/01/2024 ···	Full name of contributor out-of-state PAC Pam McGraw	C (ID#:)	Amount of contribution (\$)
00/01/2024	Contributor address; City; 408 E. Main St., Deniso		100.00
Principal occupat Attorney	ion / Job title (See Instructions)	Employer (See Instructi Self Employed	ions)
Date 03/29/2024 ···	Jan Fletcher	\$ (ID#:)	Amount of contribution (\$)
03/29/2024		State; Zip Code	5.00
Principal occupat Retired	tion / Job title (See Instructions)	Employer (See Instruct Retired	ions)
Date	Full name of contributor out-of-state PAC	\$ (ID#:)	Amount of contribution (\$)
04/29/2024	Contributor address; City; 1050 Hazelwood Road, Sherr	State; Zip Code man, TX 75092	5.00
Principal occupat	tion / Job title (See Instructions)	Employer (See Instruct Retired	ions)

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5
2 FILER NAME Andre Luj	ber		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Craig Blanton	(ID#:)	7 Amount of contribution (\$)
01/20/2024	6 Contributor address; City; 201 E Texas St, Denison,	State; Zip Code	10.00
8 Principal occu Spot Welder	pation / Job title (See Instructions)	9 Employer (See Instruct Eaton	ions)
Date	Full name of contributor out-of-state PAC Joshua Terry	(ID#:)	Amount of contribution (\$)
01/16/2024	Contributor address; City; 1903 W. Taylor St, Apt 212, Sher		25.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		(ID#:)	Amount of contribution (\$)
01/28/2024	Fred Meyer III Contributor address; City; 1817 W. College St, Sherma	State; Zip Code an, TX 75092	40.00
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruct Retired	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
02/04/2024	Contributor address; City;	State; Zip Code	100.00
Principal occup	408 E Main St, Denison,	Employer (See Instruct Self Employed	ions)

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)

	Committee Legal Services Salari The Instruction Guide explains how	ng Expense es/Wages/Contract Labor to complete this form.	Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME Andre Luper		3 Filer ID (Ethics Commission Filers)
Date	5 Payee name		
02/06/2024	Executive Press		
Amount (\$)	7 Payee address;	City;	State; Zip Code
811.87	1400 Presidential Drive #110	Richardson, TX 7	5081
	(a) Category (See Categories listed at the top of this schedule	a) (b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Signs	
	(C) Check if travel outside of Texas. Complete Schedule T	Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/16/2024	Executive Press		
Amount (\$)	Payee address;	City;	State; Zip Code
811.88	1400 Presidential Drive # 110 F	Richardson, TX 7	25081
	Category (See Categories listed at the top of this schedule	Description	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Printing Expense	Signs	
	Check if travel outside of Texas. Complete Schedule	Check if Aus	stin, TX, officeholder living expense
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
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas, Complete Schedule	Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Forms provided by Texas Ethics Commission