DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE COVER SHEET PG 1

The DCE Instruction Guid	de explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 FILER NAME Kurt Mny	MS / MRS MR FIRST Kurt M NICKNAME LAST	MI SUFFIX	OFFICE USE ONLY Date Received
4 FILER ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 6817 West Ave	CITY; STATE; ZIP CODE	
5 FILER PHONE	AREA CODE PHONE NUMBER (2/0) 273 - 8/38	EXTENSION	Date Hand-delivered or Date Postmarked
6 REPORT TYPE	January 15 July 15	30th day before election 8th day before election Runoff	Receipt # Amount \$ Date Processed Date Imaged
7 PERIOD COVERED	Month Day Year		Month Day Year 2/27/24
8 ELECTION	ELECTION DATE Month Day Year	TYPE Primary Runoff General Special	Other Description
9 FILER ACTIVITY (Attach lists on plain paper to complete this section if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.) (andidates A. Supported B. Opposed	: x	
	2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
			A A A TOUR TO A
	GOTO	PAGE 2	

DIRECT CAMPAIGN EXPENDITURES FORM DCE **CAMPAIGN FINANCE REPORT COVER SHEET PG 2** 10 FILER NAME 11 Filer ID (Ethics Commission Filers) **12 EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURES **TOTALS TOTAL POLITICAL EXPENDITURES** 2. 13 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 individual with authority to sign on behalf of entity (only if Filer is an entity) Please complete either option below: (1) Affidavi NICHOLE HEINRICH Notary ID #132628147 My Commission Expires August 18, 2028 NOTARY STAMP/SEAL Sworn to and subscribed before me by , to certify which, witness/my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration My name is ______, and my date of birth is ____ My address is (street) (city) (zip code) (country) Executed in _____ County, State of _____ , on the ____ day of _ (month)

Signature of Declarant

S	SUBTOTALS - DCE	FORM DCE COVER SHEET PG 3
14	FILER NAME	15 Filer ID (Ethics Commission Filers)
16	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE F1: POLITICAL EXPENDITURES	Mthy Expanse \$ 192.00
2.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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		:
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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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printir I Committee Legal Services Salari	Overhead/Rental Expense g Expense g Expense g Expense g Expense Ges/Wages/Contract Labor Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule F1:	2 FILER NAME LUTT May	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Ban K of	America
6 Amount (\$)	7 Payee address; 2/34 N. W. /	Military Hay, Costle Hills, TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories, listed at the top of this schedule Bankling Expoens	e Monthly Deluctions
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Allerman, Place
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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 TI	HIS SCHEDULE AS NEEDED



AFFIDAVIT FOR DIRECT CAMPAIGN EXPENDITURE REPORT: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a person not acting in concert with another person who makes one or more direct campaign expenditures that exceed \$160 in an election from the person's own property must file campaign finance reports as if the person were the campaign treasurer of a general purpose political committee. These reports are required to be filed electronically unless the person is eligible to claim the statutory exemption.

Beginning on January 1, 2024, an entity filing a direct campaign expenditure report that has made more than \$32,810 in direct campaign expenditures in <u>any</u> calendar year must file all subsequent reports electronically.

Filer name	May	Filer ID #	
Name of Entity (if applicable)	/		

OFFICE USE ONLY		
Date Received		
Date Hand-delivered or Date Postmarked		
Date Processed		
Date Imaged		

- 1. I swear or affirm that the entity for which I am reporting direct campaign expenditures has not made more than \$32,810 in direct campaign expenditures in a calendar year.
- 2. I further swear or affirm that the entity for which I am reporting direct campaign expenditures does not use computer equipment to keep current records of direct campaign expenditures.
- 3. I further swear or affirm that no person acting as the entity's agent or consultant, and no person with whom the entity contracts, uses computer equipment to keep current records of direct campaign expenditures.
- 4. I further swear or affirm that I understand that the entity's campaign finance reports are required to be filed electronically if the entity, the entity's agent or consultant, or a person with whom the entity contracts exceeds \$32,810 in direct campaign expenditures in a calendar year, or uses computer equipment to keep current records of direct campaign expenditures.
- 5. I am filing this affidavit with the understand that this affidavit is required to be filed with each campaign finance report for which the entity is claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NICHOLE HEINRICH Notary ID #132628147 My Commission Expires August 18, 2028

NOTARY STAMP

Signature of Individual with Authority to Sign on Behalf of Entity

 this the

day of No.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

(2) Unsworn Declaration

My name is _______, and my date of birth is ______.

My address is ________, (city) (state) (zip code) (country)

Executed in ______ County, State of _______, on the ______ day of _______, 20____.

Signature of Filer (Declarant)

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