

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE 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 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Andre	MI	OFFICE USE ONLY
	NICKNAME	LAST Luper	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
	503 N Travis Street		Sherman, TX 75090	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 819-9668	EXTENSION	Date Received
	6 CAMPAIGN TREASURER NAME			Date Hand-delivered or Date Postmarked
	MS / MRS / MR	FIRST Lana	MI	Receipt # Amount \$
	NICKNAME	LAST Nunneley	SUFFIX	Date Processed
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			Date Imaged
	805 N. Travis Street, Suite 100		Sherman TX 75090	
8 CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER 892-3625	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 1	Day 1	Year 24	THROUGH Month 6 Day 30 Year 24
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month 11	Day 5	Year 24	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) County Commissioner Precinct 1	
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Andre Luper		16 Filer ID (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.	\$ 19.98
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,643.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 437.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

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 administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Andre Luper, and my date of birth is X

My address is X 821 S. Throckmorton, Sherman, TX, 75090 USA
(street) (city) (state) (zip code) (country)

Executed in Grayson County, State of Texas, on the 15th day of July, 2024
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Andre Luper		20 Filer ID (Ethics Commission 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 CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,623.75
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		\$
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		\$

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 to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Andre Luper		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Beaver Beaver 6 Contributor address; City; State; Zip Code 1514 S. Walnut Sherman TX 75090	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Coder		9 Employer (See Instructions) Sherman HS
Date 01/14/2024	Full name of contributor out-of-state PAC (ID#: _____) Christopher Harrison Contributor address; City; State; Zip Code 1725 McDougall Creek, Van Alstyne, TX 75495	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Pamela McGraw Contributor address; City; State; Zip Code 408 E Main, Denison, TX 75021	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 01/26/2024	Full name of contributor out-of-state PAC (ID#: _____) Democratic Women of Grayson County Contributor address; City; State; Zip Code PO Box 3387, Sherman, TX 75091	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Political Action Committee		Employer (See Instructions) N/A
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: **5**

2 FILER NAME
Andre Luper

3 Filer ID (Ethics Commission Filers)

4 Date
01/29/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
Jan Fletcher

7 Amount of contribution (\$)

5.00

6 Contributor address; City; State; Zip Code
1050 Hazelwood Road, Sherman, TX 75092

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

Date
03/01/2024

Full name of contributor out-of-state PAC (ID#: _____)
Pam McGraw

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code
408 E. Main St., Denison, TX 75021

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Self Employed

Date
03/29/2024

Full name of contributor out-of-state PAC (ID#: _____)
Jan Fletcher

Amount of contribution (\$)

5.00

Contributor address; City; State; Zip Code
1050 Hazelwood Road, Sherman, TX 75092

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date
04/29/2024

Full name of contributor out-of-state PAC (ID#: _____)
Jan Fletcher

Amount of contribution (\$)

5.00

Contributor address; City; State; Zip Code
1050 Hazelwood Road, Sherman, TX 75092

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Andre Luper		3 Filer ID (Ethics Commission Filers)
4 Date 01/20/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Craig Blanton	7 Amount of contribution (\$) 10.00
6 Contributor address; City; State; Zip Code 201 E Texas St, Denison, TX 75021		
8 Principal occupation / Job title (See Instructions) Spot Welder		9 Employer (See Instructions) Eaton
Date 01/16/2024	Full name of contributor out-of-state PAC (ID#: _____) Joshua Terry	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 1903 W. Taylor St, Apt 212, Sherman, TX 75092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/28/2024	Full name of contributor out-of-state PAC (ID#: _____) Fred Meyer III	Amount of contribution (\$) 40.00
Contributor address; City; State; Zip Code 1817 W. College St, Sherman, TX 75092		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/04/2024	Full name of contributor out-of-state PAC (ID#: _____) Pamela McGraw	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 408 E Main St, Denison, TX 75021		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Andre Luper		3 Filer ID (Ethics Commission Filers)
4 Date 01/29/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Jan Fletcher 6 Contributor address; City; State; Zip Code 1050 Hazelwood Road, Sherman, TX 75092	7 Amount of contribution (\$) 5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 03/01/2024	Full name of contributor out-of-state PAC (ID#: _____) Pam McGraw Contributor address; City; State; Zip Code 408 E. Main St., Denison, TX 75021	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 03/29/2024	Full name of contributor out-of-state PAC (ID#: _____) Jan Fletcher Contributor address; City; State; Zip Code 1050 Hazelwood Road, Sherman, TX 75092	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/29/2024	Full name of contributor out-of-state PAC (ID#: _____) Jan Fletcher Contributor address; City; State; Zip Code 1050 Hazelwood Road, Sherman, TX 75092	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Andre Luper		3 Filer ID (Ethics Commission Filers)
4 Date 01/20/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Craig Blanton 6 Contributor address; City; State; Zip Code 201 E Texas St, Denison, TX 75021	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions) Spot Welder		9 Employer (See Instructions) Eaton
Date 01/16/2024	Full name of contributor out-of-state PAC (ID#: _____) Joshua Terry Contributor address; City; State; Zip Code 1903 W. Taylor St, Apt 212, Sherman, TX 75092	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/28/2024	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	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/04/2024	Full name of contributor out-of-state PAC (ID#: _____) Pamela McGraw Contributor address; City; State; Zip Code 408 E Main St, Denison, TX 75021	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
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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	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Andre Luper	3 Filer ID (Ethics Commission Filers)
4 Date 02/06/2024	5 Payee name Executive Press	
6 Amount (\$) 811.87	7 Payee address; City; State; Zip Code 1400 Presidential Drive #110 Richardson, TX 75081	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signs
	(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/OH	Candidate / Officeholder name	Office sought Office held
Date 02/16/2024	Payee name Executive Press	
Amount (\$) 811.88	Payee address; City; State; Zip Code 1400 Presidential Drive # 110 Richardson, TX 75081	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, 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	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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