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 C/OH NAME MD RAI	S E.	LUKER			16 Filer	ID (Ethics Cor	nmission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITION PLEDGES, LOANS, OR GUI CONTRIBUTIONS MADE E	ARANTEES OF L	OANS. OR	N	\$ -0-	
	2.	TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L		ANTEES OF LOANS	)	\$ -1 -	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLIT	ICAL EXPENDITU	JRE.		\$ ~ 1 -	
	4.	TOTAL POLITICAL EXPE	NDITURES			\$-0	
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRI OF REPORTING PERIOD	BUTIONS MAINTA	AINED AS OF THE LA	ST DAY	\$ -1 -	
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR		ANDING LOANS AS C	F THE	\$ -1	
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	L	TRE: NOTA STATI	SEA LAND RRY PUBLIC E OF TEXAS 2812736-5 xpires 12-14-2025				
0.1		ess my hand and seal of office	÷.	this the		_ day of <u>/</u> Vo tar	eb.
Signature of officer administe	ring oath		officer administeri			Title of officer	administering oath
OR (2) Unsworn Declaration							
My name is			, ar	nd my date of birth is	S	Heronia de la compania del compania del compania de la compania del la compania de la compania del la compania de la compania de la compania del la compania de la compania de la compania del la compania	·
My address is					· · · · · · · · · · · · · · · · · · ·		·
Executed in	(	(street) County, State of	, on the			(zip code) , 20 (year)	(country)
				Signature of Candi	date/Offic	eholder (Decla	rant)

## SUBTOTALS - C/OH

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			
	before me by Morri's Earl Luker the which, witness my hand and seal of office.  Tresea Land ring oath Printed name of officer administering oath	also the day of			
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)			

## SUBTOTALS - C/OH

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 RATCHIFTX 15858 RECEIVED 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				
		•			
RY PI	STACY R. HAND				
NOTARY PUBLIC					
STATE OF TEXAS					
(1) Affidavit	/ ID#13101567-6				
(1) Affidavit We of the 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) Hanner Deele (1)					
(2) Unsworn 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)			

## SUBTOTALS - C/OH

19	19 FILER NAME  ORRIS E. LUKER  20 Filer ID (Ethics Cor				
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 required by title 15 of the Election Code.			
		I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.			
		Signature of Candidate	Date Signed		
************	GO TO PAGE 2				