

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) 00062878		2 Total pages filed: 3	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable		FIRST Luke M.	MI	
	NICKNAME		LAST Inman	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; 1719 Park Ln. Wellington, TX 79095		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 06/28/2021			
		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Mrs.		FIRST Cheryl	MI
		NICKNAME		LAST Tarver	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 811 A West Ave. Wellington, TX 79095			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (806) 447-2868			
8 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)			
9 PERIOD COVERED		Month Day Year THROUGH Month Day Year 01/01/2021 06/30/2021			
10 ELECTION		ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any) District Attorney (Multi-county) District 100		12 OFFICE SOUGHT (if known) District Attorney (Multi-county) District 100	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Inman, Luke M. (The Honorable)	14 Filer ID	(Ethics Commission Filers) 00062878
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,458.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFADAVIT

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.

The Honorable Luke M. Inman

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 3

18 FILER NAME Inman, Luke M. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00062878
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
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	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

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	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
----- EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
----- CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,458.02
----- OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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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.

The Honorable Luke M. Inman
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
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	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
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16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
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 The Honorable Luke M. Inman
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____ Signature of officer administering
 _____ Printed name of officer administering
 _____ Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Inman, Luke M. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00062878	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	0.00
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

Sch: 1/1 Rpt: 4/5

2 FILER NAME

Inman, Luke M. (The Honorable)

3 Filer ID (Ethics Commission Filers)

00062878

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 5/5
2 FILER NAME Inman, Luke M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062878
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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

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13 C / OH NAME	Inman, Luke M. (The Honorable)	14 Filer ID	(Ethics Commission Filers) 00062878
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,458.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT		
<p>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.</p>		
<p>The Honorable Luke M. Inman</p> <p>_____ Signature of Candidate or Officeholder</p>		
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p>		
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>		
Signature of officer administering	Printed name of officer administering	Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 5

18 FILER NAME Inman, Luke M. (The Honorable)		19 Filer ID 00062878	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	0.00
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

Sch: 1/1 Rpt: 4/5

2 FILER NAME

Inman, Luke M. (The Honorable)

3 Filer ID (Ethics Commission Filers)

00062878

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 5/5
2 FILER NAME Inman, Luke M. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062878
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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) 00062878		2 Total pages filed: 4	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable		FIRST Luke M.	MI	
	NICKNAME		LAST Inman	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; 1719 Park Ln. Wellington, TX 79095		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 01/09/2024			
		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Mrs.		FIRST Cheryl	MI
		NICKNAME		LAST Tarver	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 811 A West Ave. Wellington, TX 79095			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (806) 447-2868			
8 REPORT TYPE		<input checked="" 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 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)			
9 PERIOD COVERED		Month Day Year THROUGH Month Day Year 07/01/2023 12/31/2023			
10 ELECTION		ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any) District Attorney (Multi-county) District 100		12 OFFICE SOUGHT (if known) District Attorney District 100th	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 4

13 C / OH NAME	Inman, Luke M. (The Honorable)	14 Filer ID	(Ethics Commission Filers) 00062878
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	41.98
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	41.98
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,250.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	250.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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.

The Honorable Luke M. Inman

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 4

18 FILER NAME Inman, Luke M. (The Honorable)		19 Filer ID 00062878	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	41.98
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,250.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 4/4	2 FILER NAME Inman, Luke M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062878
4 Date 11/16/2023	5 Payee name Republican Party of Texas	
6 Amount (\$) \$1,250.00	7 Payee address; City; State; Zip Code P. O. Box 2206 Austin, TX 78768	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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) 00062878		2 Total pages filed: 3	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable		FIRST Luke M.	MI	
	NICKNAME		LAST Inman	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; 1719 Park Ln. Wellington, TX 79095		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 07/10/2024			
		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Mrs.		FIRST Cheryl	MI
		NICKNAME		LAST Tarver	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 811 A West Ave. Wellington, TX 79095			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (806) 447-2868			
8 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)			
9 PERIOD COVERED		Month Day Year THROUGH Month Day Year 01/01/2024 06/30/2024			
10 ELECTION		ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any) District Attorney (Multi-county) District 100		12 OFFICE SOUGHT (if known) District Attorney (Multi-county) District 100	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 3

13 C / OH NAME	Inman, Luke M. (The Honorable)	14 Filer ID	(Ethics Commission Filers) 00062878
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> 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

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	250.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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.

The Honorable Luke M. Inman

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 3

18 FILER NAME Inman, Luke M. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00062878
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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) 00062878	2 Total pages filed: 3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Luke M.	MI
	NICKNAME	LAST Inman	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1719 Park Ln. Wellington, TX 79095		ZIP CODE
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Cheryl	MI
	NICKNAME	LAST Tarver	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 811 A West Ave. Wellington, TX 79095		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(806) 447-2868			
8 REPORT TYPE	<input checked="" 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 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)		
9 PERIOD COVERED	Month Day Year 07/01/2024	THROUGH Month Day Year 12/31/2024	
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) District Attorney (Multi-county) District 100		12 OFFICE SOUGHT (if known) District Attorney (Multi-county) District 100th

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 3

13 C / OH NAME Inman, Luke M. (The Honorable)	14 Filer ID (Ethics Commission Filers) 00062878
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	250.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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.

 The Honorable Luke M. Inman
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____ Signature of officer administering	_____ Printed name of officer administering	_____ Title of officer administering oath
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SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 3

18 FILER NAME Inman, Luke M. (The Honorable)		19 Filer ID (Ethics Commission Filers) 00062878
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$