CANDIDA	and a second of the second second	E REPORT			FORM COVER SHEET	
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Eth	cs Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR	PEDRD		G.	OFFICE USE ON	LY
NAME	PETE	LAST		JR.	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 22136 KATY	APT / SUITE #: WESTIHEMER TX	PKWY 7749	E: ZIP CODE #453	RECVD VIA EM. FEB. 05, 2024 Fort bend county ed	
Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (346)	PHONE NUMBER 578 - 5		NSION	Date Hand-delivered or Date Pos	stmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MR NICKNAME DL/KE	DUC LAST		SUFFIX	Receipt # Amount \$. Date Processed Date Imaged	5
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	1941 1 2 2 2 2	NO PO BOX PLEASE); APT / S		KATY	STATE: ZIP CODE	94
8 CAMPAIGN TREASURER PHONE	AREA CODE (281) 7	PHONE NUMBER 395 - 211		NSION		
9 REPORT TYPE	January 15	30th day before a 8th day before el	ection	Runoff Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH	- FR)
10 PERIOD COVERED	Month	Day Year	1	Month	Day Year 125/2021	4
11 ELECTION	ELECTION DA Month Day 03/05/	Year Year	Runoff	ELECTION TYPE		
12 OFFICE	OFFICE HELD (if any)	7		ERIFF		JD
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MAI	DE WITHOUT THE CANL	ADE BY POLITICAL COMMITTEES TO NOATE'S OR OFFICEHOLDER'S KNOWL HEY RECEIVE NOTICE OF SUCH EXPEN	EDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
	,	GO TO	PAGE 2			

SUB	TOTALS - C/OH		ORM C/OH
9 FILERN	PETE LUNA	20 Filer ID (Ethics Co	mmission Filers)
	ULE SUBTOTALS DF SCHEDULE		SUBTOTAL AMOUNT
1. 🛛	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$4275
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
1.	SCHEDULE E: LOANS		\$
5. 🗙	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 1785
ô.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
в.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
. 🕅	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ 51.83
0.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	BUSINESS OF C/OH	\$
1.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU TO FILER	TIONS RETURNED	\$

Forms provided by Texas Ethics Commission

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

5 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (PLEDGES, LOANS, OR GUARANTEES OF LOANS, O CONTRIBUTIONS MADE ELECTRONICALLY)	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEE)	\$ OF LOANS) \$ 4275
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ \$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1836.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED A OF REPORTING PERIOD	S OF THE LAST DAY \$ 2438.17
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD 	LOANS AS OF THE \$
	Sig	gnature of Gandidate or Officeholder
1) Affidavit	VITO ZAPATA NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 07/27/25 NOTARY ID 13319181-0	gnature of Gandidate or Officeholder
NOTARY STAMP/SEAL	VITO ZAPATA NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 07/27/25 NOTARY ID 13319181-0	ion below:
NOTARY STAMP/SEAL	VITO ZAPATA NOTARY PUBLIC STATE OF TEXAS WY COMM. EXP. 07/27/25 NOTARY ID 13319181-0	ion below:
NOTARY STAMP/SEAL Sworn to and subscribed 20 M, to certify	Please complete either opt	ion below:
NOTARY STAMP/SEAL Sworn to and subscribed 20 M, to certify	Please complete either opt	ion below:
NOTARY STAMP/SEAL Sworn to and subscribed 20 24, to certify-	Please complete either opt WITO ZAPATA NOTARY PUBLIC STATE OF TEXAS NY COMM. EXP. 07/27/25 NOTARY ID 13319181-0 Defore me by Jecho March Witten, witness my hand and seal of office. March	ion below:
NOTARY STAMP/SEAL Sworn to and subscribed 20 <u>M</u> , to certify ignature of officer administer 2) Unsworn Declaratio	Please complete either opt WITO ZAPATA NOTARY PUBLIC STATE OF TEXAS NY COMM. EXP. 07/27/25 NOTARY ID 13319181-0 Defore me by Jesso March witten, witness my hand and seal of office. March	ion below:
NOTARY STAMP/SEAL Sworn to and subscribed 20 24, to certify ignature of officer administer 2) Unsworn Declaration	Please complete either opt VITO ZAPATA NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 07/27/25 NOTARY ID 13319181-0 before me by Intel to the intervention of the interventintervention of the interventinterventintery	gnature of Gandidate or Officeholder ion below:
NOTARY STAMP/SEAL Sworn to and subscribed 20 24, to certify ignature of officer administer 2) Unsworn Declaration My name is My address is	Please complete either opt VITO ZAPATA NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 07/27/25 NOTARY ID 13319181-0 Defore me by	ion below:
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Sworn to and subscribed 20 <u>24</u> , to certify Signature of officer administer (2) Unsworn Declaration My name is My address is	Please complete either opt VITO ZAPATA NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 07/27/25 NOTARY ID 13319181-0 before me by Intel 13319181-0 before me by Intel 13319181-0 written, witness my hand and seal of office. Intel 13319181-0 Ing oath Printed name of officer administering oath Ing oath OR (street) (street) (city) County, State of on the	ion below:

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

4 Date 5 Full name of contributor 0ut-of-state PAC (DP:	FILER NAME PETE LUNA 3 Filer ID (Effice Commission Filers) Date PETE LUNA 3 Filer ID (Effice Commission Filers) Date S Full name of contributor Out-of-state PAC (DP	2 FILER NAME PETE LUNA 3 Filer ID (Ethics Commission File) 4 Date 5 Full name of contributor □ out-of-state PAC (IDF: 7 Amount of contribution (5) 1 1 24 6 Contributor address; City: State; Zip Code 1000-000 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 25,000 Date Full name of contributor □ out-of-state PAC (IDF: Amount of contribution (5) 11 24 Contributor address; City: State; Zip Code 2031 UPLAND RUEL ROSENBERS TX 77471 Principal occupation / Job title (See Instructions) Employer (See Instructions) 25,000 Date Full name of contributor □ out-of-state PAC (IDF: Amount of contribution (5) 13 ZH Employer (See Instructions) Employer (See Instructions) 50,00 Date Full name of contributor □ out-of-state PAC (IDF: Amount of contribution (5) 13 ZH Employer (See Instructions) Employer (See Instructions) 50,00 Date Full name of contributor □ out-of	
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3 Functional of contributor and residue of contributor and of state pac (DB:	Amount of contributor Image: City: State; Zip Code 8 Contributor address; City: State; Zip Code 8 JESKE NEEDNILLE TX 7746 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Image: City: State; Zip Code Image: Contributor address; City: State; Zip Code Zip Code Image: Contributor address; City: State; Zip Code Zip Code Image: Contributor address; City: State; Zip Code Zip Code Image: Contributor address; City: State; Zip Code Zip Code Image: Contributor address; City: State; Zip Code Zip Code Image: Contributor address; City: State; Zip Code Simployer (See Instructions) Date Full name of contributor Image: Contributor Image: Code Simployer (See Instructions) Date Full name of contributor Image: City: State; Zip Code Simployer (See Instructions) Principal occupation /	and an additionation and -of-state PAC (DP // Add (DP Add (A) Add (A) Add (A) Add (A) B Add (A) Add (A) Add (A) B Contributor address; City: State; Zip Code B 9 Employer (See Instructions) 9 Employer (See Instructions) Date Full name of contributor aut-of-state PAC (DP; Arnount of contribution (S) L1N SAY JAMES Arnount of contribution (S) Contributor address; City: State; Zip Code 2031 DPLAND RDUER Rosenberg TX 77411 25,00 25,00 Principal occupation / Job title (See Instructions) Employer (See Instructions) 25,00 Date Full name of contributor out-of-state PAC (DF; Arnount of contribution (S) Date Full name of contributor out-of-state PAC (DF; Arnount of contribution (S) Date Full name of contributor out-of-state PAC (DF; Arnount of contribution (S) Date Full name of contributor out-of-state PAC (DF; State; Zip Code J12 State PAC (DF; State; Zip Code State; Zip Code </td <td>VAME PETE LUNA 3 Filer ID (Ethics Commission File</td>	VAME PETE LUNA 3 Filer ID (Ethics Commission File
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13/24 DEE JAMES Contributor address; City; State; Zip Code 25:00	13/24 DEE JAMES Contributor address: City: State: Zip Code 25.00 102 0XF920 CT RICHMOND TX 77469	13/24 DEE JAMES Contributor address: City: State: Zip Code 25.00 102 0XF920 CT RICHMOND TX 77469	occupation / Job title (See Instructions) Employer (See Instructions)
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TOC ORPORT CI RICHAMONDS IN (1961)			Contributor address; City; State; Zip Code 25:00
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME PETE LUNA	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor □ out-of-state PAC (ID#:) 1 / 4 / 24 5 Full name of contributor □ out-of-state PAC (ID#:) 6 Contributor address; City; State; 1 / 4 / 24 6 Contributor address; City; 6 Contributor address; City; State; 7 46 10602 LAKE TZALIS 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) 75.00
Date Full name of contributor □ out-of-state PAC (ID#:) III IIM KELLY Contributor address; City; State;	Amount of contribution (\$) 7000.000
POB 810 SIMONTON TX 77476	2000,00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
324 KRISTA WIFITE HEAD Contributor address; City; State; Zip Code	1800.00
2303 MADERA CANYON Richardon TX T	2469
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor Out-of-state PAC (ID#:) SIAL TARE SERVICES Contributor address; City; State; Zip Code 7403 FOSTER ISCAND Richman TX 774	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	D(G

1.11

	TICAL CONTRIBUTIONS formation is not applicable, DO NOT include	this page in the r	report.
il die requested in	EXPENDITURE CATEGORIES		
Advertising Expense Accounting/Banking Consulting Expense Cantibutions/Donations Made E Candidate/Officehokder/Politic Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E ly Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expe Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	1		3 Filer ID (Ethics Commission Filer
1624	5 Payee name INNOVIATIVE SOL		
6 Amount (\$) 285.00	7 Payee address; 10862 REASTONE CT.	City;	State: Zip Code CITY TX 7745
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description	, LITERATURE
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 1724	Payee name ORADSE ADVISORS	LLC	
Amount (\$)	Payee address;	City;	State; Zip Code
1500.00	10503 LARGOWARD LA	s Ricitmo	NATX 77407
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	CONSLILTING EXPENSE	- CONS	Sol Tatlicon
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, 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 Austi	in, 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 THIS	SCHEDUI FAS NE	EDED

Ð	SCHEDULE AS NEEDI	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	
Office held	Office sought	Candidate / Officeholder name	Complete <u>ONLY</u> if direct expenditure to benefit C/OH
TX, officahuldar living aspansa	Description Check if Austin,	Category (See Categories listed at the top of this schedule) Creck if mivel outside of Texas. Complete Schedule T.	PURPOSE OF EXPENDITURE
State; Zip Code	City;	Payoe address;	Amount (\$) P. Reimbursement from political contributions interded
		Payee name	Date
Office held	Office sought	Candidate / Officeholder name	Complete <u>ONLY</u> if direct expenditure to benefit C/OH
TX officeholder living expense	Holding check if Austin, 1	Category (See Calegories listed at the top of this schedule)	PURPOSE OF EXPENDITURE
State: Zip Code	City	Payee name	Amount (\$) 79 Amount (\$) 79 Paintoursement from political contributions
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State: Zip Code TX 77449		Payee name HOME DEPOT Payee address: 6850 S. FRY RD.	Amounti (S) Alfactureseneritem Political contributions
Solicitation/Fundmising Expense Travesportation Equipment & Related Expense Travel to District Other (enter a category not listed above) Sherr (D) (Ethics Commission Fillers)	ORIES FOR BOX 8(a) Loan Regarment Flaintaurement Office Overhead Rantial Expense Polling Expense Printing Expense Salaries-Wagee/Contract Labor how to complete this form.	EXPENDITURE CATEG	Adventising Expense Accounting Expense Constating Expense Contractional/Domisions Made By Candidate/Officeneolder/Publical Committee Credit Card System Conditional Danges Schedule G: 2 FILER 1
SCHEDULE G	OM this page in the rej	POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS If the requested information is not applicable, DO NOT include this page in the report.	POLITICAL EXPENI PERSONAL FUNDS