

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST PEDRO	MI G.
	NICKNAME PETE	LAST LUNA	SUFFIX JR.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 22136 WESTHEMER PKWY #453	APT / SUITE #; KATY TX	CITY; STATE; ZIP CODE 77494
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (346)	PHONE NUMBER 578 - 5321	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST DUKE	MI M.
	NICKNAME DUKE	LAST HO	SUFFIX N/A
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 23515 KINGSLAND BLVD. KATY TX. 77494		
8 CAMPAIGN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 395 - 2112	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 2024 THROUGH 01 / 25 / 2024		
11 ELECTION	ELECTION DATE Month Day Year 03 / 05 / 2024	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) SHERIFF - FORT BEND	
14 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. 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**RECVD VIA EMAIL
FEB. 05, 2024
FORT BEND COUNTY ELECTION**

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

PETE LUNA

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4275
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 1785
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 51.83
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE 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 2

15 C/OH NAME		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)	\$ ϕ
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4275
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ ϕ
	4. TOTAL POLITICAL EXPENDITURES	\$ 1836.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2438.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ ϕ

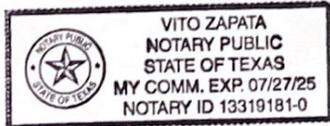
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Rodriguez Lopez* this the 5 day of February, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath: *Vito Zapata* Printed name of officer administering oath: Vito Zapata Title of officer administering oath: Notary Public

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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: 2
2 FILER NAME PETE LUNA		3 Filer ID (Ethics Commission Filers)
4 Date 1/4/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID HALL	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 8913 JESKE NEEDVILLE TX 77461		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/11/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINSAY JAMES	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 2031 UPLAND ROVER Rosenberg TX 77471		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONNA M.C. CAWLEY	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3102 SLEEPY Hollow SugarLAND TX 77479		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/13/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEE JAMES	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 102 OXFORD CT RICHMOND TX 77469		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 2
2 FILER NAME PETE LUNA		3 Filer ID (Ethics Commission Filers)
4 Date 1/4/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACOB ROBBINS	7 Amount of contribution (\$) 75.00
6 Contributor address; City; State; Zip Code 10602 LAKE TRAVIS NEENHUE TX 77461		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1/14/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIM KELLY	Amount of contribution (\$) 2000.00
Contributor address; City; State; Zip Code POB 810 SIMONTON TX 77476		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/3/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRISTA WHITEHEAD	Amount of contribution (\$) 1800.00
Contributor address; City; State; Zip Code 2303 MADERA CANYON RICHMOND TX 77469		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/3/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SWI TURF SERVICES	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 7403 FOSTER ISLANDS RICHMOND TX 77406		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME PETE LUNA	3 Filer ID (Ethics Commission Filers)
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4 Date 1/6/24	5 Payee name INNOVATIVE SOLUTIONS
6 Amount (\$) 285.00	7 Payee address; 10862 REASTONE CT. MISSOURI CITY TX 77459

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description SIGNS, LITERATURE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1/7/24	Payee name ORANGE ADVISORS LLC
Amount (\$) 1500.00	Payee address; 10503 LARGOWARA LN RICHMOND TX 77407

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description CONSULTATION
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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	Solicitor/Fundraising Expense
Accounting/Printing	Fee Expense	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By Candidate/Officer/holder/Political Committee	Food/Beverage Expense	Printing Expense	Travel to District
	Legal Services	Salaries/Wages/Contract Labor	Travel to District
			Other (enter a category not listed above)

The instruction guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME: PETE LUNA		3 Filer ID (Ethics Commission Filer)	
4 Date: 1/8/24		5 Payee name: HOME DEPOT			
6 Amount (\$): 44.04		7 Payee address: 6850 S. FM RD.		City: KATY TX Zip Code: 77449	
<input type="checkbox"/> Reimbursement from political contributions		8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): EXPENSE		(b) Description: T-POSTS FOR SIGNS	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officer/holder living expense	
		9 Complete ONLY if direct expenditure to benefit COH		Office held	
Date: 1/11/24		Payee name: WILX			
Amount (\$): 7.79		Payee address:		City: State: Zip Code:	
<input type="checkbox"/> Reimbursement from political contributions		Category (See Categories listed at the top of this schedule): FEE		Description: Holdings Domain	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officer/holder living expense	
		Candidate / Officer/holder name:		Office held:	
Date:		Payee name:			
Amount (\$):		Payee address:		City: State: Zip Code:	
<input type="checkbox"/> Reimbursement from political contributions		Category (See Categories listed at the top of this schedule):		Description:	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officer/holder living expense	
		Candidate / Officer/holder name:		Office held:	

Complete ONLY if direct expenditure to benefit COH

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 11/15/2022

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