

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TX

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: 10

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr. Joshua M
NICKNAME LAST SUFFIX
Josh Lucas

OFFICE USE ONLY

Date Received

CSO REC'D
APR 25 '25 PM4:37

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 122, Fort Worth TX 76101

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(817) 502-3982

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Cindy
NICKNAME LAST SUFFIX
Stormer

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
4455 Camp Bowie, Blvd. Ste. 144, Fort Worth, TX 76107

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
()

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☒ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
3 / 25 / 25 THROUGH 4 / 23 / 25

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☐ Primary ☐ Runoff ☐ Other Description
5 / 3 / 25 ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Mayor of Fort Worth

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Josh Lucas

16 Filer ID (Ethics Commission Filers)

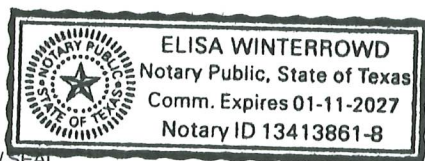
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 106.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 Josh Lucas this the 25 day of April, 2025, 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 _____, 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)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Josh Lucas

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,550.00
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	\$ 106.60
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: <div style="text-align: right; font-size: 1.5em;">6</div>
2 FILER NAME Josh Lucas		3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2025	5 Full name of contributor out-of-state PAC (ID#: _____) John Davis <hr/> 6 Contributor address; City; State; Zip Code 6004 Ridgecrest Way Apt 315 Fort Worth, 76132 TX	7 Amount of contribution (\$) <div style="font-size: 2em;">10.00</div>
8 Principal occupation / Job title (See Instructions) DOT Package Handler		9 Employer (See Instructions) FedEx
Date 03/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Elizabeth Hodge <hr/> Contributor address; City; State; Zip Code 1321 Quail Trail Fort Worth TX, 76114 TX	Amount of contribution (\$) <div style="font-size: 2em;">100.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/01/2025	Full name of contributor out-of-state PAC (ID#: _____) Franya Wilhelm <hr/> Contributor address; City; State; Zip Code 809 Cara Lan Arlington TX 76013	Amount of contribution (\$) <div style="font-size: 2em;">25.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/01/2025	Full name of contributor out-of-state PAC (ID#: _____) Carol Raburn <hr/> Contributor address; City; State; Zip Code 2000 W Tucker Blvd Arlington TX 76013	Amount of contribution (\$) <div style="font-size: 2em;">10.00</div>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not 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**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 Josh Lucas		3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Holly Brewer 6 Contributor address; City; State; Zip Code 2319 Kingsford Ct Arlington TX 76017 United States	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) AISD
Date 04/02/2025	Full name of contributor out-of-state PAC (ID#: _____) Linda Weber Contributor address; City; State; Zip Code 4349 Bellaire Dr S Apt 231 Fort Worth TX 76109	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/02/2025	Full name of contributor out-of-state PAC (ID#: _____) Erica Johnson Contributor address; City; State; Zip Code 2209 Aster Ave Fort Worth TX 76111	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Marketing director		Employer (See Instructions) BDO
Date 03/26/2025	Full name of contributor out-of-state PAC (ID#: _____) Christine J Voigt Contributor address; City; State; Zip Code 2615 5th Avenur Fort Worth TX 76110	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not 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**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: 6
2 FILER NAME Josh Lucas		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Allison Craig 6 Contributor address; City; State; Zip Code 1104 W Arlington Ave Fort Worth TX 76110	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Faculty		9 Employer (See Instructions) TCU
Date 04/01/2025	Full name of contributor out-of-state PAC (ID#: _____) Sabrina Ball Contributor address; City; State; Zip Code 1326 Mistletoe Dr Fort Worth TX 76110	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/02/2025	Full name of contributor out-of-state PAC (ID#: _____) Bruce Miller Contributor address; City; State; Zip Code 3932 Weyburn Dr. Fort Worth TX 76109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/02/2025	Full name of contributor out-of-state PAC (ID#: _____) Benjamin Deutsch Contributor address; City; State; Zip Code 2208 Mistletoe Avenue Fort Worth TX 76110	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Director of operations		Employer (See Instructions) Connexio Health
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: <u>6</u>
2 FILER NAME Josh Lucas		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Rosemary Rattan 6 Contributor address; City; State; Zip Code 2216 Thomas Pl Fort Worth TX 76107	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Seamstress		9 Employer (See Instructions) self
Date 04/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Bryan Ojeda Contributor address; City; State; Zip Code 3103 Lee Ave Fort Worth TX 76106	Amount of contribution (\$) 5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/11/2025	Full name of contributor out-of-state PAC (ID#: _____) Lauren Ivy Chiong Contributor address; City; State; Zip Code 2207 Glenco Terrace Fort Worth TX	Amount of contribution (\$) 15.00
Principal occupation / Job title (See Instructions) Web Coordinator		Employer (See Instructions) Commonwealth of Massachusetts
Date 04/14/2025	Full name of contributor out-of-state PAC (ID#: _____) Jason Smith Contributor address; City; State; Zip Code 600 8th Ave Fort Worth TX 76104	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Offices of Jason Smith
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: C
2 FILER NAME Josh Lucas		3 Filer ID (Ethics Commission Filers)
4 Date 04/16/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Alisa Simmons 6 Contributor address; City; State; Zip Code 4205 Hopewell Court Arlington TX 76016	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Elected Official		9 Employer (See Instructions) Tarrant County
Date 04/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Arch Mayfield Contributor address; City; State; Zip Code 7708 Pampas Dr. Fort Worth TX 76133	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) educator/consultant		Employer (See Instructions) TCU Writing Center
Date 04/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Laura Person Contributor address; City; State; Zip Code 2103 6th Ave Fort Worth TX 76110	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 04/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Deborah McKenzie Contributor address; City; State; Zip Code 3908 Kingston Court Ft. Worth TX 76109	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not 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**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 <i>Co</i>
2 FILER NAME Josh Lucas		3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Johnny Lewis 6 Contributor address; City; State; Zip Code 953 E Terrell Ave Fort Worth TX 76104	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 04/02/2025	Full name of contributor out-of-state PAC (ID#: _____) Angela Prilliman Contributor address; City; State; Zip Code 3724 Hamilton Ave Fort Worth TX 76107	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Self Employed
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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
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: 1	2 FILER NAME Josh Lucas	3 Filer ID (Ethics Commission Filers)
4 Date 04/19/2025	5 Payee name Mailchimp c/o The Rocket Science group, LLC	
6 Amount (\$) 106.60	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Email Platform
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
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 <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		