

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	2025 JUL 17 AM 8:27 FILED JOHN F. MARRIN COUNTY CLERK DALLAS COUNTY		
	NICKNAME	LAST	SUFFIX	Date Hand Delivered or Date Postmarked			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Receipt #	Amount \$		
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	Date Processed	Date Imaged		
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)					
	<input type="checkbox"/> 8th day before election						
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	1	1	25	THROUGH	6	30	25

6 EXPLANATION OF CORRECTION

Did not include the Affidavit for Electronic Filing Exemption (last page)

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☒ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☐ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Pamela Luther

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, 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 Pamela Smithan, and my date of birth is 10/19/1960.

My address is 133 N. Riverfront Blvd, Dallas, TX, 75207, USA.

(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of TX, on the 17 day of July, 2025.

(month) (year)

Pamela Luther

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 8								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="font-family: cursive; font-size: 1.2em;"> Smitham Pamela </div> <div style="font-family: cursive; font-size: 1.2em;"> Pamela Luther </div>		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE </div> <div style="font-family: cursive; font-size: 1.2em;"> 133 N. Riverfront Blvd. 3rd floor Dallas, TX 75207 LB 10 </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="font-family: cursive; font-size: 1.2em;"> (469) 569-2917 </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="font-family: cursive; font-size: 1.2em;"> Lee Ann Richardson </div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE </div> <div style="font-family: cursive; font-size: 1.2em;"> 6905 Battle Creek Fort Worth, TX 76116 </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="font-family: cursive; font-size: 1.2em;"> (469) 400-3812 </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 1 / 1 / 25 </div> <div>THROUGH</div> <div> Month Day Year 6 / 30 / 25 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 3 / 3 / 26 </div> <div> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>										
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div> OFFICE HELD (if any) Dallas County Ct. Crim Appeals No. 2 </div> <div> OFFICE SOUGHT (if known) </div> </div>										
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-right: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px;"></td> <td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/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)	\$ 3000
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3000
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ _____
	4. TOTAL POLITICAL EXPENDITURES	\$ 96.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,749.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, 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 Pamela Smitham "Pamela Lusher", and my date of birth is 10/19/1960.
My address is 133 N. Riverfront Blvd, Dallas, TX, 75207, USA.
(street) (city) (state) (zip code) (country)
Executed in Dallas County, State of TX, on the 1 day of July, 2025.
(month) (year)
Pamela Lusher
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3000
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	\$ 96.82
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 type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
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	\$ —

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 4
2 FILER NAME <i>Pamela Luther</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5-23-25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Robert Lenz</i>	7 Amount of contribution (\$) <i>\$250</i>
6 Contributor address; City; State; Zip Code <i>3341 Purdue Ave Dallas TX 75225</i>		
8 Contributor's principal occupation <i>Attorney/Retired</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>Retired Attorney</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>5-22-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Randall Isenberg</i>	Amount of contribution (\$) <i>\$500</i>
Contributor address; City; State; Zip Code <i>4303 N. Central Expwy Dallas TX 75205</i>		
Contributor's principal occupation <i>Lawyer</i>		Contributor's job title <i>Lawyer</i>
Contributor's employer/law firm <i>Randall Isenberg, PC</i>		Law firm of contributor's spouse (if any) <i>—</i>
If contributor is a child, law firm of parent(s) (if any)		
Date <i>5-21-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>William Burrows</i>	Amount of contribution (\$) <i>\$250</i>
Contributor address; City; State; Zip Code <i>4420 Staten Island Dr. Plano Dallas, TX 75024</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Law Office of David Burrows</i>		Law firm of contributor's spouse (if any) <i>—</i>
If contributor is a child, law firm of parent(s) (if any)		

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 4
2 FILER NAME Pamela Luther		3 Filer ID (Ethics Commission Filers)
4 Date 5-21-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Terry Bentley Hill	7 Amount of contribution (\$) \$ 250
6 Contributor address; City; State; Zip Code 3131 McKinney Ave. Dallas, TX 75204		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of Terry Bentley Hill		11 Law firm of contributor's spouse (if any) —
12 If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Raymond Hindieh	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 1412 S Buckner Blvd, Dallas TX 75217	\$250
Contributor's principal occupation Lawyer		Contributor's job title Lawyer
Contributor's employer/law firm Hindieh Law PLLC		Law firm of contributor's spouse (if any) —
If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: E.X. Martin	Amount of contribution (\$)
	Contributor address; City; State; Zip Code 4100 Stanford Ave. Dallas TX 75225	\$ 100
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any) —
If contributor is a child, law firm of parent(s) (if any)		

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
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: 4
2 FILER NAME <i>Pamela Luther</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5-19-25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Marcus Fellman</i>	7 Amount of contribution (\$) \$ 500
6 Contributor address; City; State; Zip Code <i>4131 N. Central Expwy Dallas TX 75204</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>Fellman Law Office</i>		11 Law firm of contributor's spouse (if any) _____
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>5-28-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Al Ellis</i>	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code <i>3811 Twittle Creek Dallas TX 75219</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Sommerman McCafferty</i>		Law firm of contributor's spouse (if any) _____
If contributor is a child, law firm of parent(s) (if any)		

Date <i>6-26-25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Raymond Hindieh</i>	Amount of contribution (\$) \$ 300
Contributor address; City; State; Zip Code <i>1412 S Buckner Blvd., Dallas TX 75217</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Hindieh Law Firm</i>		Law firm of contributor's spouse (if any) _____
If contributor is a child, law firm of parent(s) (if any)		

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 4
2 FILER NAME Pamela Leather		3 Filer ID (Ethics Commission Filers)
4 Date 6-30-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Warren / Josh Abrams	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code 10300 N. Central Expy, Dallas TX 75231		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Warren Abrams, P.C.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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: <u>1</u>		2 FILER NAME <u>Pamela Luther</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5-15-25</u>		5 Payee name <u>Campaign Partner</u>			
6 Amount (\$) <u>\$34</u>		7 Payee address; <u>Still River, MA 014510000</u>		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Campaign Website Set-up</u>		(b) Description <u>Website for (617-500-7251) contributions</u>		
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>6-15-25</u>		Payee name <u>Campaign Partner</u>			
Amount (\$) <u>\$29</u>		Payee address; <u>Still River, MA</u>		City; State; Zip Code <u>617-500-7251</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Campaign Website (Advertising)</u>		Description <u>monthly charge for Donation website</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>5-15-25</u>		Payee name <u>WIX</u>			
Amount (\$) <u>\$33.82</u>		Payee address; <u>100 Gansevoort St. New York, NY</u>		City; State; Zip Code <u>10014</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>Domain Name fee</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

Filer name

Filer ID #

Pamela Smitham / Pamela Luther

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the JC/014 report due on July 15, 2025.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

Signature of Filer

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, 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 Pamela Smitham / Luther and my date of birth is 10/19/1960.
My address is 133 N. Riverfront Blvd (street), Dallas (city), TX (state), 75207 (zip code), USA (country).
Executed in Dallas County, State of TX, on the 17 day of July, 20 25.
Pamela Luther
Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**