



Official Filing Authority of Harris County  
Teneshia Hudspeth  
County Clerk

### Campaign Finance Report



*Teneshia Hudspeth*  
County Clerk  
Harris County, TX

**FileNo:** 2024118  
**Received By Clerk:** 01/19/2024  
**File Date:** January 17, 2024  
**Office:** County Attorney  
**Candidate:** Smith, Jacqueline Lucci  
**Treasurer:** Munisteri, James  
**Category:** Contributions And Expenditures (COH / JCOH)  
**Delivered By:** Certified Mail  
**Type:** COR

Harris County No Fee

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>6</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Mrs Jacqueline Lucci</b>	<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX <b>Smith</b>	Date Received	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE ZIP CODE <b>2550 Gray Falls Dr., Suite 395 Houston, TX 77077</b>		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(832 ) 494-1700</b>	Date Hand-delivered or Date Postmarked	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mr James</b>	Receipt #	Amount \$
	NICKNAME LAST SUFFIX <b>Munisteri</b>	Date Processed	
<b>7</b> CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE ZIP CODE <b>1000 Louisiana, Suite 2000 Houston, TX 77002</b>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(713 ) 276-5752</b>		
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month Day Year Month Day Year <b>11 / 15 / 23 THROUGH 12 / 31 / 23</b>		
<b>11</b> ELECTION	ELECTION DATE Month Day Year <b>3 / 5 / 24</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary Runoff Other Description <input type="checkbox"/> General Special	
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) <b>Harris County Attorney</b>	
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <small>Additional Pages</small>	<small>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.</small>		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

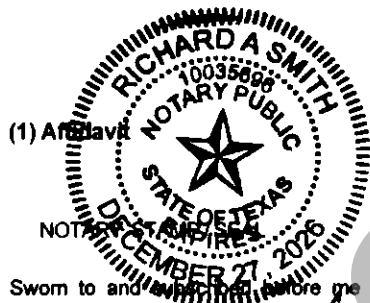
FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Jacqueline Lucci Smith		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,556.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,250.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	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) Affirm

Sworn to and affirmed before me by Jacqueline Lucci Smith this the 16 day of January, 2024, to certify which witness my hand and seal of office.

Signature of officer administering oath: Richard A. Smith  
 Printed name of officer administering oath: Richard A. Smith  
 Title of officer administering oath: Notary Public of Texas

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**

Jacqueline Lucci Smith

**20 Filer ID (Ethics Commission Filers)**

<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,556.00
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	\$ 1,250.00
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	\$ 8.00
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: <b>1</b>
2 FILER NAME <b>Jacqueline Lucci Smith</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/16/2023</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Lucci Smith Law, PLLC (Self)</b>	7 Amount of contribution (\$) <b>1,350.00</b>
6 Contributor address; City; State; Zip Code <b>2550 Gray Falls Dr., Houston, TX 77077</b>		
8 Principal occupation / Job title (See Instructions) <b>Accounts Receivable Clerk</b>		9 Employer (See Instructions) <b>Kinder Morgan</b>
Date <b>12/13/2023</b>	Full name of contributor out-of-state PAC (ID# _____) <b>James G. Munisteri</b>	Amount of contribution (\$) <b>206.00</b>
Contributor address; City; State; Zip Code <b>1000 Louisiana, Suite 2000, Houston, TX 77002</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>River Oaks Jeep</b>
Date <b>12/14/2023</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Alan Helfman</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>8727 Cresent Gate Ln., Houston, TX 77024</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Jacqueline Lucci Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/15/2023	<b>5</b> Payee name Harris County Republican Party	
<b>6</b> Amount (\$) 1,250.00	<b>7</b> Payee address: City: State: Zip Code 8588 Katy Fwy Ste 445, Houston, TX 77024	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Filing Fee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> 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 Austin, 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 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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: 1	<b>2</b> FILER NAME Jacqueline Lucci Smith	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/26/2023	<b>5</b> Payee name Frost Bank	
<b>6</b> Amount (\$) 8.00	<b>7</b> Payee address; 21875 Katy Freeway, Katy, TX 77450	City State Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories.) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) Service Fee - Banking
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Unofficial Copy

Lucci Smith Campaign  
2550 Gray Falls Dr.  
Suite 395  
Houston TX 77077

NORTH HOUSTON TX

17 JAN 2024

ADDITIONAL  
CLINCH



Harris County Clerk's Office Elections  
Department  
Attn: Public Information  
P.O. Box 1148  
Houston TX 77251-1148

HARRIS COUNTY  
CLERK'S OFFICE  
ELECTIONS  
DEPARTMENT  
P.O. BOX 1148  
HOUSTON, TEXAS

2024 JAN 19 AM 8:45

RECEIVED

77251-114848.

