



# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**LUX FOR MONTANA**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period              | COLUMN B<br>Election Cycle-to-Date   |
|--|--------------------------------------|--------------------------------------|
| 6. Net Contributions (other than loans)  |                                      |                                      |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)) ....   | <input type="text" value="2378.39"/> | <input type="text" value="2378.39"/> |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....  | <input type="text" value="0.00"/>    | <input type="text" value="0.00"/>    |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | <input type="text" value="2378.39"/> | <input type="text" value="2378.39"/> |
| 7. Net Operating Expenditures  |                                      |                                      |
| (a) Total Operating Expenditures<br>(from Line 17) .....   | <input type="text" value="2201.44"/> | <input type="text" value="2201.44"/> |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....  | <input type="text" value="0.00"/>    | <input type="text" value="0.00"/>    |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | <input type="text" value="2201.44"/> | <input type="text" value="2201.44"/> |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....   | <input type="text" value="353.90"/>  |                                      |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>    |                                      |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>    |                                      |

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**LUX FOR MONTANA**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 24 / 2025 To: M M / D D / Y Y Y Y 09 / 30 / 2025

| I. RECEIPTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM:   |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                    |
| (i) Itemized (use Schedule A).....   | 0.00                          | 0.00                               |
| (ii) Unitemized .....  | 648.00                        | 648.00                             |
| (iii) TOTAL of contributions from individuals ▶  | 648.00                        | 648.00                             |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                               |
| (d) The Candidate .....  | 1730.39                       | 1730.39                            |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 2378.39                       | 2378.39                            |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....   | 0.00                          | 0.00                               |
| 13. LOANS:   |                               |                                    |
| (a) Made or Guaranteed by the Candidate.....   | 0.00                          | 0.00                               |
| (b) All Other Loans.....   | 0.00                          | 0.00                               |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | 0.00                          | 0.00                               |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....                                       | 0.00                          | 0.00                               |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                               |
| 16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 2378.39                       | 2378.39                            |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 2201.44                       | 2201.44                            |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 2201.44                       | 2201.44                            |

**III. CASH SUMMARY**

|   |         |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 176.95  |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 2378.39 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 2555.34 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 2201.44 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 353.90  |

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 18  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LUX FOR MONTANA**

**A.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 ,  ,  4.47

Date of Receipt  
 /  /  08 / 02 / 2025

**Transaction ID : SA11D.4129**

Amount of Each Receipt this Period  
 ,  ,  4.47

Memo Item  
Digital Tools/Hosting

**B.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 ,  ,  126.47

Date of Receipt  
 /  /  08 / 07 / 2025

**Transaction ID : SA11D.4130**

Amount of Each Receipt this Period  
 ,  ,  122.00

Memo Item  
P.O. Box 6 Month Rental

**C.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 ,  ,  148.02

Date of Receipt  
 /  /  08 / 13 / 2025

**Transaction ID : SA11D.4131**

Amount of Each Receipt this Period  
 ,  ,  21.55

Memo Item  
Travel Expense - Gas

**SUBTOTAL** of Receipts This Page (optional)..... ▶  ,  ,  148.02

**TOTAL** This Period (last page this line number only)..... ▶  ,  ,

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 18  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LUX FOR MONTANA**

**A.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls State: MT Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed Occupation: Farrier

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
171.02

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2025

**Transaction ID : SA11D.4132**

Amount of Each Receipt this Period  
23.00

Memo Item  
Travel Expense - Gas

**B.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls State: MT Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed Occupation: Farrier

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
185.70

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2025

**Transaction ID : SA11D.4133**

Amount of Each Receipt this Period  
14.68

Memo Item  
Travel Expense - Gas

**C.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls State: MT Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed Occupation: Farrier

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
199.35

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2025

**Transaction ID : SA11D.4134**

Amount of Each Receipt this Period  
13.65

Memo Item  
Travel Expense - Gas

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 51.33

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LUX FOR MONTANA**

**A.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date: 212.64

Date of Receipt: 08 / 13 / 2025

**Transaction ID : SA11D.4135**

Amount of Each Receipt this Period: 13.29

Memo Item  
Travel Expense - Gas

**B.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date: 351.74

Date of Receipt: 08 / 16 / 2025

**Transaction ID : SA11D.4136**

Amount of Each Receipt this Period: 139.10

Memo Item  
Travel Expense - Hotel

**C.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date: 362.11

Date of Receipt: 08 / 21 / 2025

**Transaction ID : SA11D.4137**

Amount of Each Receipt this Period: 10.37

Memo Item  
Travel Expense - Gas

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 162.76

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 18  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LUX FOR MONTANA**

**A.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
374.40

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 21 / 2025

**Transaction ID : SA11D.4138**

Amount of Each Receipt this Period  
12.29

Memo Item  
Travel Expense - Gas

**B.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
386.39

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 21 / 2025

**Transaction ID : SA11D.4139**

Amount of Each Receipt this Period  
11.99

Memo Item  
Travel Expense - Gas

**C.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
737.80

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 29 / 2025

**Transaction ID : SA11D.4140**

Amount of Each Receipt this Period  
351.41

Memo Item  
Travel Expense - Rental Car

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.69

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 18  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LUX FOR MONTANA**

**A.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
797.80

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 30 / 2025

**Transaction ID : SA11D.4141**

Amount of Each Receipt this Period  
60.00

Memo Item  
Event Cost

**B.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
821.40

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 30 / 2025

**Transaction ID : SA11D.4142**

Amount of Each Receipt this Period  
23.60

Memo Item  
Travel Expense - Gas

**C.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
830.04

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 07 / 2025

**Transaction ID : SA11D.4143**

Amount of Each Receipt this Period  
8.64

Memo Item  
Travel Expense - EV Charge

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 92.24

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 OF 18  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LUX FOR MONTANA**

**A.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
852.45

Date of Receipt  
09 / 07 / 2025

**Transaction ID : SA11D.4144**

Amount of Each Receipt this Period  
22.41

Memo Item  
Travel Expense - EV Charge

**B.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
865.79

Date of Receipt  
09 / 07 / 2025

**Transaction ID : SA11D.4145**

Amount of Each Receipt this Period  
13.34

Memo Item  
Travel Expense - EV Charge

**C.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
872.51

Date of Receipt  
09 / 07 / 2025

**Transaction ID : SA11D.4146**

Amount of Each Receipt this Period  
6.72

Memo Item  
Travel Expense - EV Charge

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 42.47

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 OF 18  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LUX FOR MONTANA**

**A.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
896.94

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 07 / 2025

**Transaction ID : SA11D.4149**

Amount of Each Receipt this Period  
24.43

Memo Item  
Travel Expense - EV Charge

**B.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
976.93

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 08 / 2025

**Transaction ID : SA11D.4150**

Amount of Each Receipt this Period  
79.99

Memo Item  
Laviler Microphone

**C.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1016.03

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 08 / 2025

**Transaction ID : SA11D.4151**

Amount of Each Receipt this Period  
39.10

Memo Item  
Printer Paper

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 143.52

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 18  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LUX FOR MONTANA**

**A.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1386.01

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 08 / 2025

**Transaction ID : SA11D.4152**

Amount of Each Receipt this Period  
369.98

Memo Item  
Purchase of printer

**B.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1415.57

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 09 / 2025

**Transaction ID : SA11D.4153**

Amount of Each Receipt this Period  
29.56

Memo Item  
Travel Expense - EV Charge

**C.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1430.73

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 10 / 2025

**Transaction ID : SA11D.4154**

Amount of Each Receipt this Period  
15.16

Memo Item  
Travel Expense - EV Charge

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 414.70

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 18  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LUX FOR MONTANA**

**A.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1438.36

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 10 / 2025

**Transaction ID : SA11D.4155**

Amount of Each Receipt this Period  
7.63

Memo Item  
Travel Expense - EV Charge

**B.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1485.86

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 12 / 2025

**Transaction ID : SA11D.4156**

Amount of Each Receipt this Period  
47.50

Memo Item  
T Mobile Phone Line

**C.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1490.03

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 12 / 2025

**Transaction ID : SA11D.4157**

Amount of Each Receipt this Period  
4.17

Memo Item  
Travel Expense - EV Charge

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 59.30

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 18  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LUX FOR MONTANA**

**A.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1505.77

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 12 / 2025

**Transaction ID : SA11D.4158**

Amount of Each Receipt this Period  
15.74

Memo Item  
Travel Expense - EV Charge

**B.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1526.26

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 12 / 2025

**Transaction ID : SA11D.4159**

Amount of Each Receipt this Period  
20.49

Memo Item  
Travel Expense - EV Charge

**C.** Full Name (Last, First, Middle Initial)  
Lux, Sam, , ,

Mailing Address 804 19th St S

City: Great Falls      State: MT      Zip Code: 59405

FEC ID number of contributing federal political committee: **C** H6MT02143

Name of Employer: Self Employed      Occupation: Farrier

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1532.39

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 13 / 2025

**Transaction ID : SA11D.4160**

Amount of Each Receipt this Period  
6.13

Memo Item  
Travel Expense - EV Charge

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 42.36

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 15 OF 18 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input checked="" type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**LUX FOR MONTANA**

|   |             |   |  |  |  |
|---|-------------|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br>Lux, Sam, , ,  |             |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 13 / 2025     |  |  |
| Mailing Address 804 19th St S   |             |   | <b>Transaction ID : SA11D.4161</b>                               |  |  |
| City<br>Great Falls   | State<br>MT | Zip Code<br>59405                         | Amount of Each Receipt this Period<br>_____ 18.48                |  |  |
| FEC ID number of contributing federal political committee.<br>C H6MT02143   |             |   | <input type="checkbox"/> Memo Item<br>Travel Expense - EV Charge |  |  |
| Name of Employer<br>Self Employed   |             | Occupation<br>Farrier                     |  |  |  |
| Receipt For: 2026<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>_____ 1550.87 |  |  |  |

|   |             |   |  |  |  |
|---|-------------|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br>Lux, Sam, , ,  |             |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 17 / 2025 |  |  |
| Mailing Address 804 19th St S   |             |   | <b>Transaction ID : SA11D.4162</b>                           |  |  |
| City<br>Great Falls   | State<br>MT | Zip Code<br>59405                         | Amount of Each Receipt this Period<br>_____ 52.89            |  |  |
| FEC ID number of contributing federal political committee.<br>C H6MT02143   |             |   | <input type="checkbox"/> Memo Item<br>Tri Fold Paper         |  |  |
| Name of Employer<br>Self Employed   |             | Occupation<br>Farrier                     |  |  |  |
| Receipt For: 2026<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>_____ 1603.76 |  |  |  |

|   |             |   |   |  |  |
|---|-------------|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br>Lux, Sam, , ,  |             |   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>09 / 19 / 2025      |  |  |
| Mailing Address 804 19th St S   |             |   | <b>Transaction ID : SA11D.4163</b>                                |  |  |
| City<br>Great Falls   | State<br>MT | Zip Code<br>59405                         | Amount of Each Receipt this Period<br>_____ 126.63                |  |  |
| FEC ID number of contributing federal political committee.<br>C H6MT02143   |             |   | <input type="checkbox"/> Memo Item<br>Travel Expense - Car Rental |  |  |
| Name of Employer<br>Self Employed   |             | Occupation<br>Farrier                     |   |  |  |
| Receipt For: 2026<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>_____ 1730.39 |   |  |  |

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶           | _____ 198.00  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶ | _____ 1730.39 |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**LUX FOR MONTANA**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Amazon</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 08 / 2025 |
| Mailing Address  |  | FEC Identification Number<br><b>C H6MT02143</b>          |
| City   | State  |  |
| Purpose of Disbursement<br>Printer   |  | Amount of Each Disbursement this Period<br>369.98        |
| Candidate Name<br>Lux, Sam, , ,  |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2026<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID : SB17.4202</b>                        |
| State: MT    District: 02  |  | <input type="checkbox"/> Memo Item                       |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Amazon</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 17 / 2025 |
| Mailing Address  |  | FEC Identification Number<br><b>C H6MT02143</b>          |
| City   | State  |  |
| Purpose of Disbursement<br>Tri Fold Paper  |  | Amount of Each Disbursement this Period<br>52.89         |
| Candidate Name<br>Lux, Sam, , ,  |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2026<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID : SB17.4221</b>                        |
| State: MT    District: 02  |  | <input type="checkbox"/> Memo Item                       |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Amazon</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 30 / 2025 |
| Mailing Address  |  | FEC Identification Number<br><b>C C00913327</b>          |
| City   | State  |  |
| Purpose of Disbursement<br>Printer Ink   |  | Amount of Each Disbursement this Period<br>89.75         |
| Candidate Name<br>LUX FOR MONTANA  |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2026<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID : SB17.4230</b>                        |
| State: MT    District: 02  |  | <input type="checkbox"/> Memo Item                       |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 512.62 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 17 OF 18                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**LUX FOR MONTANA**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Enterprise Rent-A-Car</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 29 / 2025 |
| Mailing Address  |  | FEC Identification Number<br>C H6MT02143                 |
| City   | State  | Zip Code   |
| Purpose of Disbursement<br>Travel Expense - Car Rental   |  | Amount of Each Disbursement this Period<br>351.41        |
| Candidate Name<br>Lux, Sam, , ,  |  | Transaction ID : SB17.4188                               |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2026<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                       |
| State: MT  | District: 02   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Montana Trailhead Inn</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 13 / 2025 |
| Mailing Address 5500 Midland Rd  |  | FEC Identification Number<br>C C00913327                 |
| City   | State  | Zip Code   |
| Billings   | MT   | 59101  |
| Purpose of Disbursement<br>Travel Expense - Hotel during MT Dems Statewide Confrence   |  | Amount of Each Disbursement this Period<br>100.12        |
| Candidate Name<br>LUX FOR MONTANA  |  | Transaction ID : SB17.4214                               |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2026<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                       |
| State: MT  | District: 02   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. TownPump</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 22 / 2025 |
| Mailing Address  |  | FEC Identification Number<br>C C00913327                 |
| City   | State  | Zip Code   |
| Purpose of Disbursement<br>Travel Expense - Gas  |  | Amount of Each Disbursement this Period<br>33.99         |
| Candidate Name<br>LUX FOR MONTANA  |  | Transaction ID : SB17.4224                               |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item                       |
| State: MT  | District: 02   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 485.52 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**LUX FOR MONTANA**

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)   |  | Date of Disbursement                    |  |
| <b>A. TownPump</b>                        |  | M M / D D / Y Y Y Y<br>09 / 22 / 2025   |  |
| Mailing Address                           |  | FEC Identification Number               |  |
| City                                      |  | C C00913327                             |  |
| State                                     | Zip Code   | Amount of Each Disbursement this Period |  |
| Purpose of Disbursement                   | Category/Type  | 29.98                                   |  |
| Candidate Name                            |  | Transaction ID : SB17.4225              |  |
| Office Sought:                            | Disbursement For:  | <input type="checkbox"/> Memo Item      |  |
| <input checked="" type="checkbox"/> House | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |   |  |
| <input type="checkbox"/> Senate           | <input type="checkbox"/> Other (specify) ▼                                   |   |  |
| <input type="checkbox"/> President        |  |   |  |
| State: MT    District: 02                 |  |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) |   | Date of Disbursement                    |  |
| <b>B.</b>                               |   | M M / D D / Y Y Y Y                     |  |
| Mailing Address                         |   | FEC Identification Number               |  |
| City                                    |   | C                                       |  |
| State                                   | Zip Code  | Amount of Each Disbursement this Period |  |
| Purpose of Disbursement                 | Category/Type   |   |  |
| Candidate Name                          |   | <input type="checkbox"/> Memo Item      |  |
| Office Sought:                          | Disbursement For:   |   |  |
| <input type="checkbox"/> House          | <input type="checkbox"/> Primary <input type="checkbox"/> General |   |  |
| <input type="checkbox"/> Senate         | <input type="checkbox"/> Other (specify) ▼                        |   |  |
| <input type="checkbox"/> President      |   |   |  |
| State:    District:                     |   |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) |   | Date of Disbursement                    |  |
| <b>C.</b>                               |   | M M / D D / Y Y Y Y                     |  |
| Mailing Address                         |   | FEC Identification Number               |  |
| City                                    |   | C                                       |  |
| State                                   | Zip Code  | Amount of Each Disbursement this Period |  |
| Purpose of Disbursement                 | Category/Type   |   |  |
| Candidate Name                          |   | <input type="checkbox"/> Memo Item      |  |
| Office Sought:                          | Disbursement For:   |   |  |
| <input type="checkbox"/> House          | <input type="checkbox"/> Primary <input type="checkbox"/> General |   |  |
| <input type="checkbox"/> Senate         | <input type="checkbox"/> Other (specify) ▼                        |   |  |
| <input type="checkbox"/> President      |   |   |  |
| State:    District:                     |   |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 29.98   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 1028.12 |