CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. James NICKNAME LAST JM Stewar	MI Suffix Jr/04	OFFICE USE ONLY Date Received ED d in my office ay of Anuary 20 00
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #: PO BOX 35% STOCK	city: STATE: ZIP CODE AS COLOR TX 78169 By By	MARTINEZ, County Clerk Wilsof Granty Clerk Wilsof Granty Clerk
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (830) 391-062	extension 26	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST M15. Rhonda NICKNAME LAST BECKY Stewart	MI R SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / 1	suite#; city; Stockdale	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (830) 391-0705	EXTENSION	
9 REPORT TYPE	January 15 30th day before July 15 8th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 02 / 15 / 20 19	THROUGH 12/	Day Year / 31 / 2019
11 ELECTION	ELECTION DATE Month Day Year Primary General	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known	unty Sheriff
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Tim	Hewart	5 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S	
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
	.50	COMMITTEE CAMPAIGN TREASURER NAME	:	
Additional Pages			ж.	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	* 11753.°°	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 28961.10	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 14 234 . 81	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 11206.11	
OUTSTANDING LOAN TOTALS	LAST D	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TAY OF THE REPORTING PERIOD	THE \$	
18 AFFIDAVIT				
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. ID 12648326-9 My Commission Expires APRIL 14, 2020 Signature of Candidate or Officeholder				
AFFIX NOTARY STAN	IP/SEALABOVE			
Sworn to and subso	ribed before me.	by the said James W. Stewart	, this the 10th	
day of Januar u		to certify which, witness my hand and seal of office.		
Jania Sa	ntos	Thania Sartos	City Secretary	
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath	

HANDS SANTOS (D. 18648326-9 M. Connocion Experts (1966, 11 2020

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	TILLITAME	nics Commission Filers)			
	Jim Stewart				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13 045.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4163.10			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12 389,79			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	s \$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 922.51			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 922.51			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	С/ОН \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	ED \$			
	TOTILET				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 5 Full name of contributor out-of-state PAC (ID#:______) 7 Amount of contribution (\$) 4 Date Clint mc Guffin 6 Contributor address; City; State; Zip Code 500 00 4325 CR 334 Stockdale TK 78/60 ation / Job title (See Instructions) 9 Employer (See Instruc 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_____ Date Tason Scheel Contributor address; City; State; Zip Code Po Box 444 Sockdor TX 78/60 Employer (See Instructions) Amount of contribution (\$) 500.00 Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_____ Date Full name of contributor Amount of contribution (\$) Perry Rutland Contributor address; City; State; Zip Code 10721 FM 537 Stockdole TX 78/60 Principal occupation / Job title (See Instructions) Date Full name of contributor ____ out-of-state PAC (ID#:____ Amount of contribution (\$) John Akin Contributor address; City; State; Zip Code 100.00 Stockdale TX 78160 ons) Employer (See Ins Employer (See Instructions) Principal occupation / Job title (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.

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	im Stewart	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
123/19	Dana Zella 6 Contributor address; City; State; Zip Code	195.00
	1301 HWY 1235 Stockdole TX 78160	44
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	uons)
Date	Full name of contributor	Amount of contribution (\$)
8/23/19	Richard Humphries Contributor address; City; State; Zip Code 442 CR 424 Stockdole TX 78160 Employer (See Instructions) Employer (See Instructions)	100.00
/ /	442 CR 424 Stockdole TX 78160	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
8/23/19	Patrice Goodman Contributor address; City; State; Zip Code	140.00
	782 CR 434 Stockde TX 78160	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
8/23/19	RICK Rutland Contributor address; City; State; Zip Code	100.00
119	12588 FM 537 Stockdale TX 78/60	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	<u>.</u>	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	JEEDED
	K a stributer is put of state BAC places see Instruction quide for additional	

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) Aaron Hummel 6 Contributor address; City; State; Zip Code 200,00 Date Amount of contribution (\$) Bill Fatheree Contributor address; City; State; Zip Code 19226 Kristin Way San Antonio TX ation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Sterling Lambeck Contributor address; City; State; Zip Code 300 5 6th St Stockdole TX 78160 tion / Job title (See Instructions) Employer (See Instructions) 100.00 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_____) Vernon Lambeck Contributor address; City; State; Zip Code Po Box 501 Stockdole TX 78160 Pation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) ATTACH ADDITIONAL COPIES OF THIS SCHEDULEAS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Jim Stewart	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
8/23/9 Bobby Haller 6 Contributor address; City; State; Zip Code	100.00
1088 Hwy87E Stochdale TX 18160	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
8/23/9 John Dixon Contributor address; City; State; Zip Code	60.00
Po Box 331 Stockdole TX 78160	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
8/23/19 ROXANNE MOCZGEMBA Contributor address; City; State; Zip Code	50.00
8273 FM 541 E Stockdale TX 78160	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
8/23/19 Gary West Contributor address; City; State; Zip Code	200.00
8724 FM 1347 Stockdde TX 78165	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
	ONEEDED
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A: If contributor is out-of-state PAC, please see Instruction guide for addition	อ NECDED nal reporting requirements.

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	im Stewart	3 Filer ID (Ethics Commission Filers)		
4 Date 8/23/19 8 Principal occur Date 8/23/19	5 Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
	Full name of contributor out-of-state PAC (ID#:) David Thorpe Contributor address; City; State; Zip Code Po Box 847 Stack dat TX 78160 Dation / Job title (See Instructions) Employer (See Instruc			
Date \$\langle 23/19 Principal occup	Full name of contributor out-of-state PAC (ID#:) SCOTT AKIN Contributor address; City; State; Zip Code PO Box 359 Shockdole TX 78160 Deation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Im Stewart	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
8/23/19	Candice Humphries 6 Contributor address; City; State; Zip Code	150.00
,	1942 CR 424 Stockdole TX 78/60 pation / Job title (See Instructions) 9 Employer (See Instructions)	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
8/23/19	Danny Mitchell Contributor address; City; State; Zip Code	70.00
., (5466 FM 3335 Stockdole TX 78169	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
8/23/19	Jo Dea Lambeck Contributor address; City; State; Zip Code	50.00
Principal occu	POBOX 501 Stockdale TX 18160 Docation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
8/23/19	Rhea Ross Contributor address; City; State; Zip Code	120.00
,	12530 FM 537 Stockdale TX 78160	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
		• 5
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jim Stewart out-of-state PAC (ID#:____ 4 Date 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 5000 Hacienda Dr. San Antonio TX 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Patricia Rutland Contributor address; City; State; Zip Code 12588 FM 537 Stockdale TX 78160 Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Polly Stry Ker Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) ____ out-of-state PAC (ID#:_____) Amount of contribution (\$) Tacob Scheel Contributor address; City; State; Zip Code PO Box 581 Stockdale TX 78160 Employer (See Instructions) Principal occupation / Job title (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.

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Victor Marque Z 6 Contributor address; City; State; Zip Code PO Box 417 Stocklos TX 18/60 Dation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#:____ Full name of contributor Amount of contribution (\$) Roger Childress Contributor address; City; State; Zip Code 262 CR 186 NIXON TX 78140 Figs / Job fifle (See Instructions) Employer (See Instructions) 200.00 out-of-state PAC (ID#:____ Date Amount of contribution (\$) Cap Vaydos Contributor address; City; State; Zip Code 100,00 148 Oak Fields Dr. Floresville TX 78114 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Debora Garcia Contributor address; City; State; Zip Code 100.00 Principal occupation / Job title (See Instructions) | Store | ATTACH ADDITIONAL COPIES OF THIS SCHEDULEAS NEEDED

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SCHEDULE A1

The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	m Stewart		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
9/17/19	Norman Coleman 6 Contributor address; City; State	; Zip Code	100.00
	588 CR 116 NIXON TX	78140	ions)
8 Principal occu	pation / Job title (See Instructions) 9 Em	proyer (See Instruct	
Date	Full name of contributor		Amount of contribution (\$)
9/17/19	Josh West Contributor address; City; State	; Zip Code	100.00
/ (POBOX 765 Stockdole TI	(78160	
Principal occup	eation / Job title (See Instructions) Em	ployer (See Instruct	ions)
Date	Full name of contributor)	Amount of contribution (\$)
9/2/19	Shane Byrd City; State	; Zip Code	500.00
Principal occur	208 5 4th Sheet Stockdale TX pation / Job title (See Instructions)	78/60 ployer (See Instruct	ions)
Fillicipal occup	autory 300 title (See Haddensy)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
9/21/19	Contributor address; City; State	; Zip Code 78578	500.00
/()	42 Spoonbill Cove Rd. Lagura	VistaTX	
Principal occup	pation / Job title (See Instructions) Em	ployer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULEAS N	EEDED
	If contributor is out-of-state PAC, please see Instruction g	uide for additional r	eporting requirements.

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 5 Full name of contributor out-of-state PAC (ID#:_______) 7 Amount of contribution (\$) 921/9 Sal Martinez 6 Contributor address; City; State; Zip Code 603 Walnut St. Flores V. 11e TX 78114 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 270.00 out-of-state PAC (ID#:____ Date Amount of contribution (\$) Principal occupation / Job title (See Instructions) David Freasier. City; State; Zip Code H198 CR 421 Stockdale TX 78160 Employer (See Instructions) 100.00 Amount of contribution (\$) Eric Hastings Contributor address; City; State; Zip Code 300.00 111 E LOTENZ ST STOCKDULTY 78/60 The title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:____ Amount of contribution (\$) 9/21/19 John Ellyson City; State; Zip Code 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.

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Jim Stewart 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) 5 V. Pruski 6 Contributor address; City; State; Zip Code 10168 CR 225 Stackdale TX 78/60 Hoccupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor ____ out-of-state PAC (ID#:_____ Amount of contribution (\$) 9/21/19 Terry Gawlik. Contributor address; City; State; Zip Code 240,00 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) 9/21/9 James Beasley Contributor address; City; State; Zip Code 140 Grand VIEW Floresville TX 78114 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_______) Amount of contribution (\$) 9/21/19 Contributor address; City; State; Zip Code PO BOX 37 Panna Maria TX 78144 Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (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.

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor U out-or-state FAC (15)... F. Dale Gilliam 6 Contributor address; City; State; Zip Code 306 Lost Springs Floresville TX 77114 9 Employer (See Instructions) 7 Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 8824 Hwy 181 Kenedy TX 78119 | Employer (See Instruct Amount of contribution (\$) Keith Johanson Contributor address; City; State; Zip Code 160.00 out-of-state PAC (ID#:_____) Amount of contribution (\$) 160.00 Principal occupation / Job title (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.

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor out-of-state PAC (ID#:_____) 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 10519 HWY123 5. Falls CHYTX 78113 pation / Job title (See Instructions) 9 Employer (See Instructions) 100-00 Full name of contributor out-of-state PAC (ID#:____ Date Amount of contribution (\$) Blaine Akin Contributor address; City; State; Zip Code 1587 FM 1107 Stockdale TX 78/60 tion / Job title (See Instructions) Employer (See Instructions) 300.00 Date Amount of contribution (\$) 10/21/9 StaCie Wyatt Contributor address; City; State; Zip Code 563 CR 308 Floresville TX 78114 Principal occupation / Job title (See Instructions) Employer (See Instructions) 1445.00 Full name of contributor ___ out-of-state PAC (ID#:_____) Elizabeth Rivette Contributor address; City; State; Zip Code Amount of contribution (\$) 160.00 Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Stewart Ste 7 Amount of contribution (\$) 100.00 Full name of contributor out-of-state PAC (ID#:_____ Date Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) Jason Lanier Contributor address; City; State; Zip Code PO Box 520 Stockdale TX 78/60 ation / Job title (See Instructions) Employer (See Instructions) 1000.00 Principal occupation / Job title (See Instructions) Full name of contributor ____ out-of-state PAC (ID#:_____ Amount of contribution (\$) 10/21/19 Briana Dominguez City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULEAS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) out-of-state PAC (ID#:____ 100.00 out-of-state PAC (ID#:_ Date Amount of contribution (\$) Merleen Miller Contributor address; City; State; Zip Code 229 Oak Hollow Dr. Lavernia TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor ____ out-of-state PAC (ID#:_____ Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:______) Cindy Cole Man Contributor address; City; State; Zip Code Amount of contribution (\$) Principal occupation / Job title (See Instructions) La Vernia TX 78/21 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.

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Jim Stewart	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
19/19	LOS Sels 6 Contributor address; City; State; Zip Code 18170 HWX 87 W Adkins 7% 78/01	50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
18/21/19	Contributor address; City; State; Zip Code	75.00
/ / /	140 CR 470 Stockdole TX 78/60	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
10/1/10	Alene Quinney Contributor address; City; State; Zip Code POBOX 181 Stockdole 77 78160	75.
/1-/	POBOX 181 Stockdole 7x 78160	
	pation / Job title (See Instructions) Employer (See Instruc	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
12/4/19	David Strozier Contributor address; City; State; Zip Code	100,00
, , ,	1911 B & Floresville TX 78114	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
(1		
		'
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	IEEDED reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

		4	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Jim Stewart		3 Filer ID (Ethics Commission Filers)
15/19	5 Full name of contributor out-of-state PAC Hank whitman 6 Contributor address; City; 10537 FM 775 Flores pation / Job title (See Instructions)	State; Zip Code	7 Amount of contribution (\$) 250
	Full name of contributor out-of-state PAC Terry West Contributor address; City; Po Bex 548 Stockdale Pation / Job title (See Instructions)	State; Zip Code 78160 Employer (See Instruct	Amount of contribution (\$)
Principal occup	auton / Job title (See manucitons)	Employer (ede metraet	
Date 12/11/19	Full name of contributor out-of-state PAC Jim Burdette Contributor address; City; 221 Herrtage View Adkins	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 12/28/19	A.D. Kollodziej, J	(ID#:) State; Zip Code 1 7 8/47	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES C		
	If contributor is out-of-state PAC, please see Instru	ıction guide for additional r	eporting requirements.

SCHEDULE A2

ті	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAM	Jim Stewart		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 1000.00		
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:	Zip Code 78121	8 Amount of Contribution \$\text{9 In-kind contribution description}\$ 1461,38 Meal For Fund raiser Check if travel outside of Texas. Complete Schedule T. or (FOR NON-JUDICIAL) (See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)		of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description Check if travel outside of Texas. Complete Schedule T.		
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	rr (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE A2

	1		
ТІ	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	Jim Stewart		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 660.72
5 Date	6 Full name of contributor out-of-state PAC (ID#:	Zip Code 78/2/	8 Amount of Sin-kind contribution description description 29 In-kind contribution description 29 In-kind contribution description Cooler duffle Bas Silver pieces Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL) (See Instructions)
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JODICIAL)(See Instituctions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ttor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T		II E AS NEEDED
	ATTACH ADDITIONAL COPIES OF I If contributor is out-of-state PAC, please see Instructi	on guide for	additional reporting requirements.

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SCHEDULE A2

The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:
2 FILER NAME Jim Stewart	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Contribution \$ description
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor ☐ out-of-state PAC (ID#: Contributor address; City; State;	Amount of In-kind contribution Contribution \$ description Zip Code Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEEDED

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SCHEDULE A2

"						
Tr	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2 FILER NAM	Jim Stewart		3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of Contribution \$\frac{9}{\text{In-kind contribution description}}\$\$\$ \frac{1}{\text{VR}} \begin{align*} \left(\frac{25005}{\text{Contribution}} \right) \\ \text{Check if travel outside of Texas. Complete Schedule T.} \\ \text{ar (FOR NON-JUDICIAL)(See Instructions)} \end{align*}\$\$\$			
	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)			
	pspa. socopation (Controller)					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor	Zip Code	Amount of In-kind contribution Contribution \$ description Check if travel outside of Texas, Complete Schedule T.			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDI	I FAS NEEDED			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	Jim Stewart		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor □ out-of-state PAC (ID#: TOM DUPNICK TAX Services 7 Contributor address; City; State; 101 CR 319 La Verma TX	Zip Code 78/21	8 Amount of Contribution \$ 9 In-kind contribution description 150. Gift Certificate Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ttor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	o of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	2	
Date	Full name of contributor)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T	'HIS SCHEDI	II F AS NEEDED
	If contributor is out-of-state PAC, please see Instructi	on guide for	additional reporting requirements.

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SCHEDULE A2

4 Tatal was as Cabadula A2:		
1 Total pages Schedule A2:		
3 Filer ID (Ethics Commission Filers)		
\$		
8 Amount of Contribution \$\frac{9}{\text{In-kind contribution description}}\$ \$1000000000000000000000000000000000000		
butor's job title (FOR JUDICIAL) (See Instructions)		
rm of contributor's spouse (if any) (FOR JUDICIAL)		
Amount of In-kind contribution Contribution \$ description Check if travel outside of Texas. Complete Schedule T.		
butor's job title (FOR JUDICIAL) (See Instructions)		
Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
DULE AS NEEDED		

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SCHEDULE A2

Ti	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	Im SHWart		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 8/23/19	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of Contribution \$ 9 In-kind contribution description 216 embroidered Caps Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribut	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU on guide for	LEAS NEEDED additional reporting requirements.

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SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica	I Committee Legal Services Salaries/V	Vages/Contract Labor	Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME JIM SHWArt		3 Filer ID (Ethics Commission Filers)		
4 Date 8/22/19	5 Payee name Mike POZZi Caterin	8			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
134.00	906 Blyth	Victoria	TX 77904		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
9 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 Austi	in, 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 Austi	in, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Date Ø /	5 Payee name	***************************************				
8/22/19	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	arket				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
1042.71	PO BOX 518	Poth	12			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Food/Beverage Expense	meat	-			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	stin, TX, officeholder living expense			
9 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			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, 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	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
ber an although contract contract and although and Apple (1888) in 1982, Section 1987,	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	EDED			

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME JTM Stewart	3 Filer ID (Ethics Commission Filers)			
4 Date 8/22/19	5 Payee name Sam 15 Club				
6 Amount (\$)	7 Payee address;	City; State; Zip Code			
213, 47	9202 N. Navarro St	San Antonio TX 17904			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food			
	(c) Check if travel outside of Texas. Complete Schedule T.	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	Payee name				
Amount (\$)	Payee address;	City; State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE					
OF EXPENDITURE					
	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			

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Date 8/20	5 Payee name Sam's Club					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
311.74	Brooks Citybase Sa	m Antoni	O TX 78223			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Supplies Mea	For Fund raiser 1 Plates			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE						
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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	n, 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					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Jim Steuert		3 Filer ID (Ethics Commission Filers)		
4 Date 8/21/19	5 Payee name HEB				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
84.77	9202 N. Navarro St.	Victorio	TX 77904		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Food Beverage Expense	Food)		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
			- y		
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	DED		

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SCHEDULE F1

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

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Jim Stewart	3 Filer ID (Ethics Commission Filers)				
4 Date 8/21/19	5 Payee name City of Stockdal	le				
6 Amount (\$)	7 Payee address;	City; State; Zip Code				
200,00	PO BOX 446	Stockdole TX 78160				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Event Expense	park rental				
	(c) Check if travel outside of Texas. Complete Schedule T.	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	Payee name					
Amount (\$)	Payee address;	City; State; Zip Code				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE						
OF						
EXPENDITURE						
	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				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	Jim Stwart		3 Filer ID (Ethics	s Commission Filers)	
4 Date 8/26/19	5 Payee name Floresville ISD	н			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
250.00					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Control		0-1-10	10	
OF EXPENDITURE	Advertising Expense	Football f	ogram (744	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE					
OF EXPENDITURE					
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	1				
D.1.	Payee name				
Date	rayee hame				
Amount (\$)	Payee address;	City;	State;	Zip Code	
10 2000000 00 200 .					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE					
OF					
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living		
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/Oh	1	A	was a second of the second of		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	tim Stewart		3 Filer ID (Ethics Comm	ission Filers)	
4 Date 8/28/19	5 Payee name Wilson County Societ Lea	Sul	-		
6 Amount (\$)	7 Payee address;	City;	State; Zip	Code	
275.00		Floresvil	le TX	8114	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Adver	tising		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	er living expense	
9 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	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Complete Schedule T. Check if Austin, TX, officeholder livi			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office I	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/OF	Candidate / Officeholder name	Office sought	Office	held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNEE	DED		

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME JM Stewart		3 Filer ID (Ethics Commission Filers))		
4 Date 9/3/19	5 Payee name Flousville VFW					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
750.00		Floresvil	lle TX 78114			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Contributions/ Donations Made by Candidate	Donatio	THE STATE OF THE S			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense			
9 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	Category (See Categories listed at the top of this schedule)	Description				
OF EXPENDITURE						
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.					
Complete ONLY if direct expenditure to benefit C/OF	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 Aust	tin, 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 NE	EDED			

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Jim Stewart		3 Filer ID (Ethics Commission Filers)
4 Date 9/30/19	5 Payee name Office Depot		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
74.68	321 NW Loop 410 suite	1 San An	Jones TX 78216
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Flyers	, + poster
	(c) Check if travel outside of Texas. Complete Schedule T.	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	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
	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
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME JIM Stewart		3 Filer ID (Ethics Commission Filers)				
4 Date 10/28/19	5 Payee name Christ United Methodist Chu	rch					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code				
130.00		Stockdole	JX 78160				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations	(b) Description					
OF EXPENDITURE	made by Cardidate	Donat	TICM				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
		T Baradatia					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description					
EXI ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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	n, 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 NEE	DED				

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SCHEDULE F1

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.						
1 Total pages Schedule F1:	2 FILER NAME JIM SHOWART		3 Filer ID (Ethics Commis	ssion Filers)				
4 Date 1/6/19	5 Payee name Poth Education Four	dation	3 -					
6 Amount (\$)	7 Payee address;	City;	State; Zip (Code				
600.00		Poth	TX					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
PURPOSE	Contributions/Donations		A - C					
OF EXPENDITURE	Made by Candidate	Don	atton					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expensions of the complete Schedule T.						
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office h	neld				
Date	Payee name							
Amount (\$)	Payee address;	City;	State; Zip (Code				
χ.,								
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE								
OF EXPENDITURE								
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	eld				
Date	Payee name							
Amount (\$)	Payee address;	City;	State; Zip C	Code				
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE								
OF EXPENDITURE								
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense					
Complete ONLY if disert	Candidate / Officeholder name	Office sought	Office h	neld				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			3.1100 1					
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED					

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Jim Stewart		3 Filer ID (Ethics Commission Filers)			
4 Date 1/9/19	5 Payee name Wilson County Republican	Party				
6 Amount (\$)	7 Payee address;	Ćity;	State; Zip Code			
750.00		Floresvill	e TX 38114			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Fees	Filing	g Fee			
	(c) Check if travel outside of Texas. Complete Schedule T.	Complete Schedule T. 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	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	n, 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	n, 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 NEE	EDED			

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Jim Stewart		3 Filer ID (Ethics	Commission Filers)
4 Date 12 - 2 - 19	5 Payee name 5.5. Historical Muller	m		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
120,00		Sutherland:	Springs T,	X a a
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made by Candidate	(b) Description	tion	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 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
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	-			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	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 Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNEE	EDED	

SCHEDULE F1

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.

	The instruction duide explains now to	complete tins form.	T	
1 Total pages Schedule F1:	2 FILER NAME JIM STEWART		3 Filer ID (Ethics	Commission Filers)
4 Date 8/5/19	5 Payee name 1 Source Digita	e		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
433.00	4390 E. FM 1518	Selma	TX	78154
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	r. ' I	
PURPOSE OF EXPENDITURE	Advertising Expense	Wendo	linyl. w clings	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 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
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, 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 Austi	in, 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	S SCHEDULE AS NEI	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME JIM SHOWART		3 Filer ID (Ethics Commission Filers)	
4 Date 9/27/19	5 Payee name 1 St Source Disital			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
510.94	4390 E. FM 1518	Selma	TX 78154	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	- 1	
PURPOSE OF EXPENDITURE	Advertising Expense	Viny/ W	indow Clings gnetic door signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
		_		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH	1			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED	

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	- mor (-mor a -mo)	, , , , , , , , , , , , , , , , , , , ,	
1 Total pages Schedule F1:	2 FILER NAME Jim Stewart	FILER NAME Stewart 3 Filer ID (Ethics Commission Filers)			
4 Date 12/6/19	5 Payee name St Source Digo	tol	:	-	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
2275.42	4390 E. FM 1518	3e/ma	TX	78154	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Signs	5		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name	e namen målen sener en men en e			
Amount (\$)	Payee address;	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF					
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 S	SCHEDULE AS NEE	DED		

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME JIM SEWART		3 Filer ID (Ethics Commission Filers)	
4 Date 12/13/19	5 Payee name 15 Source Digi-	tal		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
1796.98	4390 E. FM 1518	5e/ma	78154	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Sign	5	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office held		
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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	n, 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 NEE	DED	

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Jim Stewart	-	3 Filer ID (Ethic	s Commission Filers)
4 Date 12/19/19	5 Payee name Source Digit	af	·	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1020. 15	4390 E. FM 1518	Selma	TH	78154
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expuse	Sign	S	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder liv		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name	ana ang ang ang ang ang ang ang ang ang		
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Date	, 2, 33			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	DED	

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/N The Instruction Guide explains how to c	/ages/Contract Labor omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILERNAME Jim Stewart	and provide an extensive supported the second state of the second second second second second second second se	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$			
5 Date 4/8/19 8/8/19	6 Payee name Vista Print		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
46.31	PO BOX 842882	Boston	MA 02284
9 TYPE OF EXPENDITURE	Political Non-Po	olitical	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Printing Expense	Bu:	siness Cards
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	istin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name O	ffice sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-Po	olitical	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE	Check if travel outside of Texas, Complete Schedule T.	Check if Au	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name C	office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED

EXPENDITU	IRES MADE BY CRE	DIT CARD	SCHEDULE F4		
EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Is how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F4:	2 FILER NAME	to now to complete time recuir	3 Filer ID (Ethics Commission Filers)		
3 Jim Stewart					
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$		
5 Date 8/19/19	6 Payee name				
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
794.95	3125 Gresham Lake	Road Raleigo	4 NC 27615		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description			
PURPOSE OF EXPENDITURE	Advertising Expen	nse prin	ted Koosies		
4 4	(c) Check if travel outside of Texas, Complete S	Schedule T. Check if Au	stin, TX, officeholder living expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
	,				
TYPE OF EXPENDITURE	Political	Non-Political			
and a many an armount of the consecution and a state of the constant of the co	Category (See Categories listed at the top of this	schedule) Description			
PURPOSE					
OF EXPENDITURE					
	Check if travel outside of Texas. Complete S	Schedule T. Check if Au	stin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED		

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EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	
1 Total pages Schedule F4:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date 8/17/19	6 Payee name UPS Store # 6504
7 Amount (\$)	8 Payee address; City; State; Zip Code
18.41	14414 45 Hwy 87 W La Vernia TX 78121
9 TYPE OF EXPENDITURE	Non-Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 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
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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
Others (only a statement of the control of the contro

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)					
Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
<i>a</i> 22	Jim Stewart				
4 Date 8/19/-	5 Payee name	40 m	- 1		
5/19/19	Kooziez				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
794.95	1				
Reimbursement from political contributions intended	tical contributions (Max all Orth)		78201		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF	Advertising Expense	Printed Koosies			
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9	Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
117					
Date 4/8/19	Payee name		, , , , ,		
8/8/19	VISIA Prunt				
Amount (\$) (2.84 46.3¢	Payee address;	City;	State; Zip Code		
Reimbursement from	Po Box 842882	Baston	mA 02284		
political contributions intended	(2002	5001011			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Printing Expense Business Cards				
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense		
	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/OH					
Date 8/15	Payee name				
0/17/19	The UPS Store				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from	14414 HWY 87 W	La Vernia	TX 78121		
political contributions intended			10121		
DUDDGGE	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Printing Expense	Tickets			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense		
	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
ALLACITADDITIONAL COLLEGE OF THIS COLLEGE ACTUAL TO THE COLLEGE					

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