CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	1 Filer ID (Ethics Commission Filers) 2 Total pages filed:	=				
The C/OH Instruction G	Guide explains how to complete this form. 1 Filer 1D (Ethics Commission Filers) 2 Total pages filed:					
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST MI OFFICE USE ONLY NICKNAME LAST SUFFIX Date Received FILED					
	JM Stewart For record in my office	20 2				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; APP CODE 2:47 o'clock P.O. BOX 356 STOCKROLE TX DEVA & MARTINEZ County C Wilson County Texas	ck				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER 0 626 EXTENSION BY Date Hand-delivered by Date Postmark	(Dépt				
6 CAMPAIGN TREASURER NAME,	MS / MRS / MR FIRST MI Receipt # Amount \$ MS / MRS / MR FIRST Date Processed					
	Becky Stewart Date Imaged					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 354 Stoukdown TX 78160 22-2 CR 474					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 3910705	5-44				
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR))				
10 PERIOD COVERED	Month Day Year Month Day Year ↑					
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description 3 2020 General Special					
12 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) Wilson County Sheiriff	>				
GO TO PAGE 2						

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 File	r ID (Ethics Commission Filers)					
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND KNOWLEDGE OR CO	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME						
	GENERAL	*						
	SPECIFIC	COMMITTEE ADDRESS						
		COMMITTEE CAMPAIGN TREASURER NAME						
Additional Pages								
		COMMITTEE CAMPAIGN TREASURER ADDRESS						
17 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0					
	The second secon	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0					
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 0.					
	4. TOTAL	POLITICAL EXPENDITURES	\$. 562.95					
CONTRIBUTION BALANCE	5. TOTAL I	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 1103,75					
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0					
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. MY GOM. EXPIRES 07-09-2022 ID# 1120620-5 Signature of Candidate or Officeholder								
AFFIX NOTARY STAM	MP/SEALABOVE							
Sworn to and subso	cribed before me,	by the said <u>James</u> W. Stewart to certify which, witness my hand and seal of office.	, this the					
Thangaret	Hastneys	Margaret Hastoregs	City Clark					
Signature of officer		. /	Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Co.) SHWART	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ (
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ (
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 562.95
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. SCHEDULE-K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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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 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor ut-of-state PAC (ID#:___ 7 Amount of contribution (\$) 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:____ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Employer (See Instructions)

ut-of-state PAC (ID#:

City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Full name of contributor

Contributor address;

Principal occupation / Job title (See Instructions)

Date

Amount of contribution (\$)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form	rm. 1 Total pages Schedule A2:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	IBUTIONS \$		
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of . 9 In-kind contribution Contribution \$. description		
7 Contributor address; City; State; Zip Coo			
10 Dringing Languagian () Living (TDD)	Check if travel outside of Texas. Complete Schedule T		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			
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#:	Amount of . In-kind contribution Contribution \$. description		
Contributor address; City; State; Zip Co			
,	Check if travel outside of Texas. Complete Schedule T		
Principal occupation / Job title (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			

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PLEDGED CONTRIBUTIONS SCHEDULE B The Instruction Guide explains how to complete this form. 1 Total pages Schedule B: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date Amount . 9 In-kind contribution of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Full name of pledgor ut-of-state PAC (ID#: Amount In-kind contribution of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (ID#: Amount of In-kind contribution Pledge \$ description Pledgor address; City; State; Zip Code Check If travel outside of Texas. Complete Schedule T. 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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LOANS			
LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; s	State; Zip Code	10 Interest rate
YN			11 Maturity date
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	<u> </u>
14 Description of Co	liateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
_		State; Zip Code	
not applicable			
20 Principal Occupa	ation (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
YN			Maturity date
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)	1
Description of Col	lateral	Check if personal funds were	deposited into political
none		account (See Instructions)	* *
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupat	tion (See Instructions)	Employer (See Instructions)	
If	ATTACH ADDITIONAL CO lender is out-of-state PAC, please see in	PIES OF THIS SCHEDULE AS NE struction guide for additional re	EEDED eporting requirements.

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	By al Committee	Food/Beverage Expe Gift/Awards/Memoria Legal Services	nse Ils Expense	Polling Expe		Travel In District Travel Out Of Dis	
Credit Card Payment			Guide explains		mplete this form.	Other (enter a cate	egory not listed above)
1 Total pages Schedule F1:	2 FILER NA			War		3 Filer ID (Eth	lics Commission Filers)
4 Date 11-9-2020		ilson C	bent	4 N	1W5	***************	
6 Amount (\$)	7 Payee ad	dress; Cit	y; State; Zip	Code			
562.95	1012	C Street	Flore	sville	TX 78	114	
8	(a) Category	(See Categories listed	at the top of this so	hedule)	(b) Description		
PURPOSE			,	*	Check If travel ou	tside of Texas. Complet	e Schedule T.
EXPENDITURE	Adver	hsing E	xpense		Check If Austin	i, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/O	Candida H	ate / Officeholder r	name		Office sought		Office held
Date	Payee nai	пе					
Amount (\$)	Payee ad	dress; Cit	; State; Zip	Code			
					1		
	Category	(See Categories listed	at the top of this so	hedule)	Description	Б.	
PURPOSE OF					Check if travel out	side of Texas. Complete	Schedule T.
EXPENDITURE					Check If Austin,	TX, officeholder living	ng expense
Complete ONLY if direct expenditure to benefit C/OF	Candida	tte / Officeholder r	ame		Office sought		Office held
Date	Payee na	me					
Amount (\$)	Payee ad	dress; City	y; State; Zip	Code			
	Category	(See Categories listed	at the top of this so	hedule)	Description		
PURPOSE OF						tside of Texas. Complete	
EXPENDITURE				×	L Check if Austin	, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder	name		Office sought		Office held
	ТТА	ACH ADDITION	AL COPIES (OF THIS S	CHEDULE AS NEE	DED	
	•				ILDULL AS NEE		1

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement

Consulting Expense Contributions/Donations Made B	FUUL Deverage Expense	Office Overhead/Rental Expense Polling Expense	Transplot Distriction Equipment & Related Expense		
Candidate/Officeholder/Politica		rinting Expense	Travel In District Travel Out Of District		
	The Instruction Guide explains h	Salaries/Wages/Contract Labor	Other (enter a category not listed above)		
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGA	TIONS	\$		
5 Date	6 Payee name				
	,				
7 Amount (\$)	8 Payee address; City; State; Zip	Code			
		° y	f 1 2		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of this sol	hedule) (b) Descriptio	in .		
PURPOSE	*		travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE			f Austin, TX, officeholder living expense		
		J. Siloski	Addition, 12, discertification living expense		
11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date	Payer non-				
	Payee name		£		
Amount (\$)	Payee address; City; State; Zip	Code			
	,	w			
TYPE OF					
EXPENDITURE	Political	Non-Political			
	Category (See Categories listed at the top of this sci	hedule) Description	on		
PURPOSE OF		Check if	travel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check i	f Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit G/O	,				
QA.					
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NE	EDED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
		*
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
	7 Description of investment	
	e e u u e y u	* 1
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	· · · · · · · · · · · · · · · · · · ·
•		, 24, 300
	Description of investment	•
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

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EXPENDITURES MADE BY CREDIT CARD

			SCHEDULE F4
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense al Committee Legal Services	GORIES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor as 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	,	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM 5 Date	IZED EXPENDITURES CHARGED 6 Payee name	TO A CREDIT CARD	\$
7 Amount (\$)	8 Payee address; City; State;	Zip Code	• ',
9 TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi	Check	ion If travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/O	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 thi	Check	ion If travel outside of Texas. Complete Schedule T. 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 O	F THIS SCHEDULE AS N	EEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Solicitation/Fundraising Expense Office Overhead/Rental Expense Food/Beverage Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Printing Expense Travel Out Of District Legal Services Salaries/Wages/Contract Labor Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check If travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check If Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name Amount (\$) Payee address; City; State; Zip Code

political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check If Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Office held Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF Check If travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

Reimbursement from

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Food/Beverage Expense Gitt/Awards/Memorials Expense Committee Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
	The Instruction Guide exp	plains how to complete this form.	(Cital Louisgol) Nothsted above)	
1 Total pages Schedule H: 2	FILER NAME	The second secon	3 Filer ID (Ethics Commission Filers)	
4 Date 5	Business name			
	Business address; City; State;			
OF EXPENDITURE	Category (See Categories listed at the top of the company of	Check if travel outside	e of Texas. Complete Schedule T. X, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Business name			
Amount (\$)	Business address; City; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	Check if travel outside	e ofTexas. Complete Schedule T. X, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Business name			
Amount (\$)	Business address; City; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	Check If travel outside	e of Texas. Complete Schedule T. X, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NEE	- EDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

	The Instruction Guide explains how to comp	plete this form.		
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Атоипт (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories.)	Description (See Instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The 2 FILER NAME	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:				
- FILER NAME		3 Filer ID (Ethics	s Commission Filers)			
4 Date	5 Name of person from whom amount is received		8 Amount (\$)			
	6 Address of person from whom amount is received; City; State;	Zip Code				
	7 Purpose for which amount is received Check if p	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State;	Zip Code				
	Purpose for which amount is received Check if p	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State;	Zip Code				
	Purpose for which amount is received Check if p	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State;	Zip Code				
	Purpose for which amount is received Check if p	political contribution	returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

					SCHEDULE	
	ruction Guide	explains	s how to complete th	is form.	1 Total pages Schedule T:	
2 FILER NAME					3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor /	Payee		
5 Contribution / Expend	diture reported	d on:				
Schedule A2		edule B	□ 6=b=d=b= 240			
Schedule F2		edule F4	Schedule B(J) Schedule G	Schedule C2 Schedule H	☐ Schedule D ☐ Schedule F1 ☐ Schedule COH-UC ☐ Schedule B-SS	
6 Dates of travel	7 Name o	f person(s	s) traveling			
	8 Departu	re city or n	name of departure locat	ion		
	. 9 Destinat	ion city or	name of destination lo	cation		
10 Means of transportat	tion	11 Purpo	ose of travel (including	name of conference, se	eminar, or other event)	
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor /	Payee		
Contribution / Expend	diture reported	on:				
Schedule A2		dule B	Schedule B(J)			
			Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2		edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name o	f person(s	e) traveling			
	Departu	re city or n	ame of departure locat	ion		
			,			
	Destinat	ion city or	name of destination lo	cation		
Means of transporta	tion	Ригро	ose of travel (including	name of conference, se	eminar, or other event)	
Name of Contributor	/ Corporation	or Labor C	Organization / Pledgor /	Payee		
0						
Contribution / Expend						
☐ Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name o	f person(s	traveling			
	Departur	re city or n	ame of departure locat	ion		
		on city or	name of destination lo	cation		
Means of transportat	tion	Purpo	ose of travel (including	name of conference, se	eminar, or other event)	
	Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
	AT	TACH AI	DDITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED	
F						

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

_							
	The Instruction Guide explains how to complete this form Complete only if "Report Type" on page 1 is marked "Final Report"						
1	C/OH N	Jim Stewart	2 Filer ID (Ethics Commission Filers)				
3	SIGNA						
	ing a re	expect any further political contributions or political expenditures in connection with my operated as a final report terminates my campaign treasurer appointment. I also understan tions or make any campaign expenditures without a campaign treasurer appointment of	d that I may not accept any campaign				
		Signatur	e of Candidate / Officeholder				
4	FILER Com	WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Check	conly one:					
		I do not have unexpended contributions or unexpended interest or income earned fro	m political contributions.				
	\boxtimes	I have unexpended contributions or unexpended interest or income earned from political not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions in accordance with the requirements of Elections in accordance with the requirements of Elections.	ne earned on political contributions to contributions and that I may not retain butions longer than six years after filing ntributions and unexpended interest or				
	B.	ASSETS					
	Check	conly one:					
		I do not retain assets purchased with political contributions or interest or other incom-	e from political contributions.				
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to				
5		EHOLDER plete this section <i>only</i> if you are an officeholder					
		I am aware that I remain subject to filing requirements applicable to an officeholder who of file. I am also aware that I will be required to file reports of unexpended contributions if, a officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as an				
		Si	gnature of Officeholder				