# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G                              | Guide explains how   | to complete this form. | 1 Filer ID (Ethics Commission File          | ers) 2 Total pages filed:                                   |  |  |
|---|--|------------------------|---|---|--|--|
| 3 CANDIDATE /<br>OFFICEHOLDER                       | MS / MRS / MR  | Biur                   | MI  | OFFICE USE ONLY   |  |  |
| NAME  | NICKNAME   | STEPHENS               | SUFFIX                                      | Date Received & S   |  |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | 32-55 C  |                        | CITY; STATE; ZIP CODE  KINCTON TY 7894      | CEIVED 3 27 2024 ADMINISTRATE UNTY TEXAS                    |  |  |
| Change of Address                                   |  |                        |   | J 5 2 ₹ 5   |  |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE               | ( 512 )  | HHG-0793               | EXTENSION                                   | Date Hahl-delivered or Ste Costmarked  Receipt # Another \$ |  |  |
| 6 CAMPAIGN<br>TREASURER                             | MS / MRS / MR  | Biny                   | МІ  | Date Processed  |  |  |
| NAME  | NICKNAME   | LAST                   | SUFFIX                                      |   |  |  |
|   |  | STEPHENS               | A   | Date Imaged   |  |  |
| 7 CAMPAIGN<br>TREASURER                             | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CO  |                        |   |   |  |  |
| ADDRESS   | 3255 C.  | 2-41 LBXIN             | 2670N 1x. 789                               | 747   |  |  |
| (Residence or Business)                             |  |                        |   |   |  |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                    | AREA CODE PHONE NUMBER EXTENSION  (512) 446-0793   |                        |   |   |  |  |
|   | (512) 4  | 16-0 M                 |   |   |  |  |
| 9 REPORT TYPE                                       | January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)   |                        |   |   |  |  |
|   | July 15  | 8th day before ele     | ection Exceeded Modified<br>Reporting Limit | d Final Report (Attach C/OH - FR)                           |  |  |
| 10 PERIOD<br>COVERED                                | Month  | Day Year               | Mor   | nth Day Year  |  |  |
| COVERED   | 2 / 15 / 2024 THROUGH 2 / 27 / 2024  |                        |   |   |  |  |
| 11 ELECTION   | ELECTION DATE ELECTION TYPE  |                        |   |   |  |  |
|   | Month Day  | Year                   | Runoff Other Description                    | on  |  |  |
|   | 7 /-   | General                | Special                                     |   |  |  |
|   | 3/5/   | 2024                   | 200 American                                |   |  |  |
| 12 OFFICE   | OFFICE HELD (If any)   |                        | 13 OFFICE SOUGHT (If k                      | nown)   |  |  |
| 14 NOTICE FROM POLITICAL                            | 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |                        |   |   |  |  |
| COMMITTEE(S)  | COMMITTEE TYPE   | COMMITTEE NAME         |   |   |  |  |
| Additional Pages                                    | GENERAL  | COMMITTEE ADDRESS      |   |   |  |  |
|   | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME   |                        |   |   |  |  |
|   |  | COMMITTEE CAMPAIGN TRE | EASURER ADDRESS                             |   |  |  |
|   |  |                        |   |   |  |  |
| GO TO PAGE 2  |  |                        |   |   |  |  |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME   |  | 16 Filer ID (Ethics Commission Filers)      |  |  |  |  |
|--|--|---|--|--|--|--|
| 17 CONTRIBUTION<br>TOTALS  | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN<br>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br>CONTRIBUTIONS MADE ELECTRONICALLY)   | \$  |  |  |  |  |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$  |  |  |  |  |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$  |  |  |  |  |
|  | 4. TOTAL POLITICAL EXPENDITURES  | \$ 367.00                                   |  |  |  |  |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD   | ST DAY \$                                   |  |  |  |  |
| OUTSTANDING<br>LOAN TOTALS   | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C<br>LAST DAY OF THE REPORTING PERIOD   | \$  |  |  |  |  |
|  | swear, or affirm, under penalty of perjury, that the accompanying report is tru  | ue and correct and includes all information |  |  |  |  |
| red  | quired to be reported by me under Title 15, Election Code.   |   |  |  |  |  |
|  | 1-25   |   |  |  |  |  |
|  | Signature of C   | andidate or Officeholder                    |  |  |  |  |
|  | olgriddio ol o   |   |  |  |  |  |
|  |  |   |  |  |  |  |
|  | Discourse leteral them aution halos  | •••   |  |  |  |  |
| Please complete either option below:   |  |   |  |  |  |  |
|  |  |   |  |  |  |  |
| .40  |  |   |  |  |  |  |
| (1) Affidavit  | ,  |   |  |  |  |  |
|  |  |   |  |  |  |  |
| NOTARY STAMP/SEA   | .L   |   |  |  |  |  |
|  |  | day of                                      |  |  |  |  |
|  | before me by this the  | day of,                                     |  |  |  |  |
| 20, to certify   | which, witness my hand and seal of office.   |   |  |  |  |  |
| Signature of officer administe   | ering oath Printed name of officer administering oath  | Title of officer administering oath         |  |  |  |  |
| Control of the contro | OR   |   |  |  |  |  |
| (2) Unsworn Declarati  | on   |   |  |  |  |  |
|  | الملامات مرام المرام ال | e.  |  |  |  |  |
| a constant   | , and my date of birth i   |   |  |  |  |  |
| iviy address is  | (street) (city)  | (state) (zip code) (country)                |  |  |  |  |
| Executed in  | County, State of, on the day of(months)  |   |  |  |  |  |
|  | (mon   | th) (year)                                  |  |  |  |  |
|  | Signature of Cand  | idate/Officeholder (Declarant)              |  |  |  |  |

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (only the property political above)

| Candidate/Officeholder/Politi<br>Credit Card Payment                      | cal Committee Legal Services Salaries  The Instruction Guide explains how to                             |                                | Other (enter a category not listed above) |  |  |
|---|--|--------------------------------|---|--|--|
| 1 Total pages Schedule G:   | 2 FILER NAME STEPHENS  | 3                              | Filer ID (Ethics Commission Filers)       |  |  |
| 4 Date  | 5 Payee name LEXINGTON LEADERS   |                                |   |  |  |
| 6 Amount (\$) 367.00  Reimbursement from political contributions intended | 7 Payee address;   | City;                          | State; Zip Code                           |  |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)   | (b) Description News Page      | e Ap                                      |  |  |
|   | (c) Check if travel outside of Texas. Complete Schedule T.   | (, officeholder living expense |   |  |  |
| 9<br>Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH        | Candidate / Officeholder name  | Office sought                  | Office held                               |  |  |
| Date  | Payee name   |                                |   |  |  |
| Amount (\$)   | Payee address;   | City;                          | State; Zip Code                           |  |  |
| Reimbursement from political contributions intended                       |  | _                              |   |  |  |
| PURPOSE<br>OF<br>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 <u>ONLY</u> if direct expenditure to benefit C/                  | Candidate / Officeholder name  OH  | Office sought                  | Office held                               |  |  |
| Date  | Payee name   |                                |   |  |  |
| Amount (\$)   | Payee address;   | City;                          | State; Zip Code                           |  |  |
| Reimbursement from political contributions intended                       |  |                                |   |  |  |
| PURPOSE<br>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 T              | (, 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                       |  |                                |   |  |  |

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

| 19 FILER NAME                                    | 20 Filer ID (Ethics Commission Filers)          |  |  |  |  |
|--|---|--|--|--|--|
| BILLY STEPHENS                                   |   |  |  |  |  |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE           | SUBTOTAL<br>AMOUNT                              |  |  |  |  |
| 1. SCHEDULE A1: MONETARY POLITICAL COL           | NTRIBUTIONS \$                                  |  |  |  |  |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND)           | ) POLITICAL CONTRIBUTIONS \$                    |  |  |  |  |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS             | \$  |  |  |  |  |
| 4. SCHEDULE E: LOANS                             | \$  |  |  |  |  |
| 5. SCHEDULE F1: POLITICAL EXPENDITURE            | ES MADE FROM POLITICAL CONTRIBUTIONS \$         |  |  |  |  |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIG            | SATIONS \$                                      |  |  |  |  |
| 7. SCHEDULE F3: PURCHASE OF INVESTM              | IENTS MADE FROM POLITICAL CONTRIBUTIONS \$      |  |  |  |  |
| 8. SCHEDULE F4: EXPENDITURES MADE B              | Y CREDIT CARD \$                                |  |  |  |  |
| 9. SCHEDULE G: POLITICAL EXPENDITURE             | s made from personal funds \$3.7.00             |  |  |  |  |
| 10. SCHEDULE H: PAYMENT MADE FROM PC             | DLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ |  |  |  |  |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITU          | IRES MADE FROM POLITICAL CONTRIBUTIONS \$       |  |  |  |  |
| 12. SCHEDULE K: INTEREST, CREDITS, GAIN TO FILER | NS, REFUNDS, AND CONTRIBUTIONS RETURNED \$      |  |  |  |  |
|  |   |  |  |  |  |