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 (Ethio	es Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MR,	Biur	,	R.	OFFICE USE ONLY		
NAME	NICKNAME	LAST		SUFFIX	Date Received		
		STEPHENS			ď.		
4 CANDIDATE/	ADDRESS / PO BOX		CITY; STATE	E; ZIP CODE	D.		
OFFICEHOLDER MAILING ADDRESS	3255	C.R. 411 LBX	ingon TX	78947	Date Hard VED 2024 April - Gelineter of the		
Change of Address					Z		
5 CANDIDATE/ OFFICEHOLDER PHONE	(512)	PHONE NUMBER 446-0793	EXTE	NSION			
6 CAMPAIGN	MS / MRS / MR	FIRST		мі	Receipt \$		
TREASURER NAME		Biny			Date Processed O		
NAIVIE	NICKNAME	LAST		SUFFIX	Щ		
		STEPHEUS			Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE						
TREASURER ADDRESS	3255 C.R. 411 LEXINGTON, TX 78947						
(Residence or Business)							
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTE	NSION			
PHONE	TREASURER PHONE (1/2) WILL 570 3						
1000 page page 2000 page 200	(512)	446-0793					
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)						
	July 15	8th day before el	COLIOIT	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month	Day Year		Month	Day Year		
COVERED	2 /27 /24 THROUGH 7 / 15 / 24						
11 ELECTION ELECTION DATE ELECTION TYPE							
	Month Day Year Primary Runoff Other Description						
11 / 5 / 24 General Special Special							
	11 / 3 /	4					
12 OFFICE	OFFICE HELD (If any)		13 OFFIC	CE SOUGHT (if known)		
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 OFFICEHOLDERS 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 TR	EASURER ADDRESS				
GO TO PAGE 2							
İ		30.0					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	ER THAN \$					
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF)	LOANS) \$					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0					
E'	4. TOTAL POLITICAL EXPENDITURES	\$ 0					
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	THE LAST DAY \$					
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOA LAST DAY OF THE REPORTING PERIOD	NS AS OF THE \$					
	swear, or affirm, under penalty of perjury, that the accompanying rep	ort is true and correct and includes all information					
red	quired to be reported by me under Title 15, Election Code.						
	4	10					
Signature of Candidate or Officeholder							
Please complete either option below:							
	W.						
(1) Affidavit							
NOTARY STAMP/SEA	AL.						
Sworn to and subscribed 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					
	OR						
(2) Unsworn Declarati	ion						
Mv name is	, and my date	of birth is					
	(street) (city)	(state) (zip code) (country)					
Executed in	County, State of , on the day of	of, 20 (month) (year)					
	Signature	of Candidate/Officeholder (Declarant)					