# 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: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	MI	OFFICE USE ONLY
IVAIVIL	NICKNAME LAST STEEL	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CO	CITY; STATE; ZIP CODE	R RECOF  o'clock P  7 2024  TO WOOLE  TO WOOLE
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  (G03) 588 \ 53	extension 73	Date Hand dem red State Stmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	МІ	Date Processed
2	NICKNAME LAST (	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	4	STATE; ZIP CODE
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	, men see		
PHONE	(903) 588	5273	
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	THROUGH Month	Day Year / / / / 24
11 ELECTION	ELECTION DATE	ELECTION TYPE	SOFT THE PARTY OF
	Month Pour Your Primary	Runoff Other	VITE AT TAKE (A(LA)A) A)
	I Month Day real —	Description	No. 19 April
	3/05/ 24 General	Special	The second secon
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	Comm.
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
_	SPECIFIC COMMITTEE CAMPAIGN TRE	ASURER NAME	
	COMMITTEE CAMPAIGN TRI	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 TOTALS	PLEDGES, LOANS, OR GUARAN	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS		\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$
#5 F	4. TOTAL POLITICAL EXPENDIT	URES	\$ 2503.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE LA	AST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING		OF THE \$
	wear, or affirm, under penalty of perjury, that uired to be reported by me under Title 15, Elec	ction Code.	rue and correct and includes all information
	Please comple	te either option belo	w:
NOTARY STATE NOTARY STATE NOTARY STATE My Comm. E Sworn to and subscribed	which, witness my hand and seal of office,	this the	a day of Jan,  Notary  Title of officer administering oath
organizate of officer administration	(	R.	Title of officer administering bath
(2) Unsworn Declaration			
My name is		, and my date of birth i	is
My address is			
	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	, on the day of(mon	th) 20
		Signature of Cand	didate/Officeholder (Declarant)

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ett	hics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 200.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2503,90
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 \$

### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

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

in the requestion information is not applicable, be iter include this page in the report.				
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
2 FILER NAME	Ky Steed		3 Filer ID (Ethics Commission Filers)	
11-54-33	Full name of contributor out-of-state PACE  Brookse/ Crow Talco  6 Contributor address; City;  1488 Co. rocal W. E 2220	State: Zip Code Talco Tx 7548	7	
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)	
	Contributor address,	State, Zip Odde		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	•	Expense Travel Out Of District  SWages/Contract Labor Other (enter a category not listed above)  Complete this form.
1 Total pages Schedule G:	2 FHER NAME LOKI Steed	3 Filer ID (Ethics Commission Filers)
4 Date 12-23	Jam - Sign's	
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee address; FM 853	Winnsboro TX 75494
8 PURPOSE OF EXPENDITURE	Printing Typense	Compaign Signs
	(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
1-6-24	Payee name TOM Sco++	Mt Vernow If 75457
Amount (\$) 48.67	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended	911 Tx. Stat ehighway	37
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.	Description  Metal Conduit  Sighs  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop 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