# 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 Commis	ssion Filers) 2 To	etal pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	JAMES	MI C		OFFICE USE ONLY
IVANIE	NICKNAME	Stewant	su	FFIX Date R	Geburt Separate Separ
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #;	•	CODE	Colock Kimbo Cans, is right of the Cans, is
Change of Address					3 d M = 4 ≥
5 CANDIDATE/ OFFICEHOLDER PHONE	(3as) à	PHONE NUMBER	EXTENSION		land tell recompate to merked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	JAMES	Ğ		THE SECOND SECON
'''	NICKNAME	LAST	SU	FFIX	
	<b>5</b> m	Banken	2	II Date 1	maged
7 CAMPAIGN	STREET ADDRESS	NO PO BOX PLEASE); APT / S	SUITE #; CITY;		STATE; ZIP CODE
TREASURER ADDRESS			To day		TV///0
(Residence or Business)			OWERE	$\sim$	16847
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	(325) 2	15-9017			
9 REPORT TYPE	January 15	30th day before	election Runoff		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	ection Exceeded Reporting		Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month Da	y Year
COVERED	07 /	01 2023	THROUGH	12/31	/2023
11 ELECTION	ELECTION DA	TE	ELEC	CTION TYPE	
	Month Day	Year Primary		Other Description	
	03/05	∂024 General			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGH	Riff (if known)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHO	UT THE CANDIDATE'S	OLITICAL COMMITTEES TO SUPPORT OR OFFICEHOLDER'S KNOWLEDGE OR EIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	en e		
Additional Pages	GENERAL	COMMITTEE ADDRESS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
		GO TO	PAGE 2		

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

	1			· · · · · · · · · · · · · · · · · · ·					
15 C/OH NAME	155	C.	Stewant	-	<b>16</b> File	r ID (Ethics Co	mmission Filers)		
17 CONTRIBUTION TOTALS	1.	PLED		AL CONTRIBUTIONS (OT ANTEES OF LOANS, OR CTRONICALLY)	THER THAN	\$ 7	)		
			L POLITICAL CONTRI R THAN PLEDGES, LOA	<b>BUTIONS</b> NS, OR GUARANTEES C	OF LOANS)	\$ 150	00.00		
EXPENDITURE TOTALS	. 3.	TOTAL	UNITEMIZED POLITICA	AL EXPENDITURE.		\$ 5	)		
	4.	. TOTAL POLITICAL EXPENDITURES				<sup>\$</sup> २५	\$ 3502.34 \$ 3145 00 \$ 3500.00		
CONTRIBUTION BALANCE	5.		. POLITICAL CONTRIBU	TIONS MAINTAINED AS C	OF THE LAST DAY	\$ 319	45 00		
OUTSTANDING LOAN TOTALS	6.		L PRINCIPAL AMOUNT O	F ALL OUTSTANDING LO	DANS AS OF THE	\$ 36	00.00		
				that the accompanying re	eport is true and c	orrect and inclu	ides all information		
rea	quired to be	reporte	ed by me under Title 15, f	Election Code.					
				July -	1				
			1	Signa	ature of Candidate	or Officeholde	er .		
			(						
Please complete either option below:									
(1) Affidavit	(1) Affidavit								
							!		
NOTARY STAMP/SEA	<b>L</b>								
Sworn to and subscribed	before me	by			this the	day of			
20, to certify	which, witne	ess my	hand and seal of office.						
Signature of officer administe	ering oath		Printed name of of	ficer administering oath		Title of officer	administering oath		
·				OR					
(2) Unsworn Declarati	ion								
My name is	ez C	51	ewant	, and my date	e of birth is	1-6-70	٠ .		
My address is				Jenetia		76849	45		
41.	1	-	treet)	(city)	(state)	(zip code)	(country)		
Executed in	2K (	County,	State of	5 , on the Jay	of month	20 <b>24</b> (year)			
				- Sis	~~ CA				
				Fignatur	re of Candidate/Off	rceholder (Decl	arant)		

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	SAMES C. Stewant	20 Filer ID (Ethics Cor	mmission	r Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			UBTOTAL MOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 15	50000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	ರ
4.	SCHEDULE E: LOANS		s a	<b>೯</b> ಬು ೮೦
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ a	202 <sup>34</sup>
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$	

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete thi	1 Total pages Schedule A1:			
2 FILER NAME	es C. Stewart		3 Filer ID (Ethics Commission Filers)		
4 Date 12-15-23  8 Principal occu	FRANK G. Shaheen 6 Contributor address; City;	State; Zip Code  C TX 79605  9 Employer (See Instruct	7 Amount of contribution (\$)  /500 90		
		C Linguistic (Coo mondo)	ons)		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
i	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
	ATTACH ADDITIONAL COPIES				
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

## LOANS SCHEDULE E

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

	- The material of the applicable, De		eport.
The	Instruction Guide explains how to	complete this form.	1 Total pages Schedule E:
2 FILER NAME  SAMES	C. Stownt		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-o	f-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate  11 Maturity date
	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal ful account (See Instruc	nds were deposited into political ctions)
16 GUARANTOR INFORMATION	17 Name of guarantor	4	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;		
20 Principal Occupat	ion (See Instructions)	21 Employer (See instructions)	
Date of loan	Name of lender out-o	of-state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	; State; Zip Code	Interest rate
YN			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fur account (See Instruc	nds were deposited into political ctions)
GUARANTOR INFORMATION	Name of guarantor	<u> </u>	Amount Guaranteed (\$)
Dot oppliedble	Guarantor address; City	; State; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
lf le		COPIES OF THIS SCHEDULE AS NE	

### **LOANS**

### SCHEDULE E

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

		<del></del>			
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:		
2 FILER NAME	es C. Steward		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	NITEMIZED LOANS		\$		
5 Date of loan /2-11-23	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate  11 Maturity date		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14 Description of Coll	ateral	Check if personal function account (See Instruction	ds were deposited into political ions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
Y N			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	ateral	Check if personal fund account (See Instructi	ds were deposited into political ons)		
GUARANTOR INFORMATION	Name of guarantor	,	Amount Guaranteed (\$)		
not applicable	Guarantor address; City;	State; Zip Code			
	on (See Instructions)	Employer (See Instructions)			
If le	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				

#### **LOANS**

#### SCHEDULE E

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

The	Instruction Guide explains how to co	omplete this form.	1 Total pages Schedule E:
2 FILER NAME	Ames C. Stewa	nt	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-	state PAC (ID#:)	9 Loan Amount (\$) /000.
6 Is lender a financial Institution?	8 Lender address; City;	State: Zip Code	10 Interest rate  11 Maturity date
12 Principal occupation	 on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	<u> </u>
Date of loan	Name of lender	state PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not conficely	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL ( nder is out-of-state PAC, please see	COPIES OF THIS SCHEDULE AS NEE Instruction guide for additional re	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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 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)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) 4 Date /a-11-23 State: Zip Code 1856.00 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** News PAPER Adu Adventismy Expense OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date City: State: Zip Code **PURPOSE OF** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 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/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED