CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		14 .000:		
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	Mr. Stephen	C.	Date Received	
	NICKNAME LAST	SUFFIX	_	
	Steve Floyd		FEB 2 6 2018	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE: ZIP CODE		
MAILING ADDRESS	515 W. Harris Ave, Ste 200 San	Date Hand-delivered or Postmarked		
change of address			Receipt # Amount	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Processed	
OFFICEHOLDER PHONE	(325) 655-7058		Date Freedadd	
6 CAMPAIGN TREASURER	Ms/mrs/mr First Mr. Bradford	м L .	Date Imaged	
NAME	NICKNAME LAST	SUFFIX		
	Fly			
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE:	ZIP CODE	
ADDRESS	515 W. Harris Ave, Ste 200	San Angelo, TX	76903	
(residence or business)		_		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(325) 653-6854			
A DEPOST TYPE				
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholderonly)	
	July 15 X 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)	
		límit		
10 PERIOD	Month Day Year	Month Day	Year	
COVERED	01 / 26 / 2018 THROUGH	02 / 24 /	2018	
11 ELECTION	ELECTION DATE ELECTION TYPE			
	Month Day Year Primary	Runoff	Seneral Special	
	03 / 06 / 2018			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
	County Judge	County Jud	lge	
	• -			
	GO TO PAG	E2		

Revised 09/28/2011

(512) 463-5800

(TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	& TOTAL	.S	COVER	SHEET PG 2
14 C/OH NAME Ste	phen C. Floy		15 ACCOUNT#	(Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANCES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICER	HOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	**Prompts	
	GENERAL	anderson and the same of the s		
	SPECIFIC			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	- manufacture and a second	
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ \$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		HZED \$	0.00
	4. TOTAL POLITICAL EXPENDITURES			8.00
CONTRIBUTION BALANCE	5. TOTAL P	SAY \$	95.29	
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	HE \$	8,600.00	
AFFIX NOTARY STAM		I swear, or affirm, under penalty of is true and correct and includes all me under Title 15, Election Lode. Signature of Canon me, by the said	information requ	uired to be reported by
De the day	or tebrue	20 18 . To certify which, witness n	ny hand and	seal of office.
Signature of officer admi	nistering call	Printed name of officer administering oath	Title of offic	er administering oath

POLITICAL EXPENDITURES

SCHEDULE F

	FYPENDITURE	CATEGORIES	FOR BOY 8/al				
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor ising Expense	Contributions/Don Candidate/Offi	uipment & Related Expense		
	The Instruction Guid	e explains how to	complete this for	m.			
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUN	T # (Ethics Commission Filers		
1	Stephen C. Floyd						
Date	5 Payee name						
1/31/2018	First Financial Bank						
Amount (\$)	7 Payee address; City; St	ate; Zip Code					
	PO Box 701						
5.00							
	Abilene, TX 79604						
PURPOSE OF	(a) Category (See categories listed at the to	p of this schedule)			as, complete Schedule T)		
EXPENDITURE	Fees		Monthly Maintenance Fee				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH		Office sought	t	Office held		
Date	Payee name				***************************************		
2/01/2018	First Financial Bank						
Amount (\$)	Payee address; City; St	ate; Zip Code	· · · · · · · · · · · · · · · · · · ·				
	PO Box 701						
3.00							
***************************************	Abilene, TX 79604						
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texas, complete Schedule T)				
EXPENDITURE	Fees		Paper Statement Fee				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name OH		Office sought		Office held		
Date	Payee name						
Amount (\$)	Payee address; City; Sta	ate; Zip Code			Man and a second		
	Į.						
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description (if travel outside of Texa	ıs, complete Schedule T)		
	Category (See categories listed at the top	of this schedule)	Description (If travel outside of Texa	as, complete Schedule T)		
OF	Candidate / Officeholder name	of this schedule)	Description (is, complete Schedule T) Office held		
OF EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name	of this schedule)					
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date	Candidate / Officeholder name H Payee name	o of this schedule)					
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date	Candidate / Officeholder name H Payee name	ate: Zíp Code	Office sought				
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date Amount (\$)	Candidate / Officeholder name H Payee name Payee address; City; Sta	ate: Zíp Code	Office sought		Office held		

Revised 04/19/2013

www.ethics.state.tx.us