â

	TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH Cover Sheet pg 1		
The C/OH Instruction		ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
The C/OH Instruction	Guide explains how to complete this form.	(Lunes commasion mora)	4		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	MI	OFFICE USE ONLY		
	Mr. Stephen NICKNAME LAST Steve Floyd	C. SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; 515 W. Harris Ave, Ste 200 San Ang	state: zip code gelo, TX 76903	OCT 092018 Date Hand-delivered or Postmarked		
change of address			Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (325) 655-7058	EXTENSION	Date Processed		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. Bradford	MI L. SUFFIX	Date Imaged		
	Fly				
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #: 515 W. Harris Ave, Ste 200 S	city: state: an Angelo, TX	zip code 76903		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (325) 653-6854	EXTENSION			
9 REPORT TYPE	January 15 X 30th day before election	Runoff Exceeded \$500 limit	 15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR) 		
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 09 / 27 /	Year / 2018		
11 ELECTION	ELECTION DATE Month ELECTION TYPE 11 06 2018	Runoff X	General Special		
12 OFFICE	OFFICE HELD (if any)	3 OFFICE SOUGHT (if known)	и		
	County Judge	County Jude	qe		
GO TO PAGE 2					

www.ethics.state.tx.us

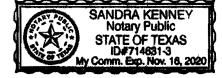
Revised 09/28/2011

(TDD 1-800-735-2989)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME 15 ACCOUNT # (Ethics Commission Stephen C. Floyd 15 ACCOUNT # (Ethics Commission)				
16 NOTICE FROM POLITICAL COMMITTEE(S)	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 TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE		0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		lized \$	0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$	29.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$	29.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		^{тне} \$	8,600.00
18 AFFIDAVIT				



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

(e

Signature of Candidate or Officenoider

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said <u>Stephen C. Hoyd</u>, this the <u>9</u>^{HL} day of <u>October</u>, 20 <u>18</u>, to certify which, witness my hand and seal of office. SANDRA SENNEY Printed name of officer administering oath NOTARY PUBLIC ature of officer administering oath \sim Title of officer administering oath

www.ethics.state.tx.us

Revised 09/28/2011

٠

ř

(TDD 1-800-735-2989)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District Polling Expense Travel Out Of I Printing Expense Office Overhead	/Contract Labor Loar draising Expense Transt t Cont District C d/Rental Expense OTH	n Repayment/Reimbursement isportation Equipment & Related Expense tributions/Donations Made By Candidate/Officeholder/Political Committe IER (enter a category not listed above)	
Total annan Dahadula Fr	The Instruction Guide explains how	o complete this form.		
Total pages Schedule F: 2	2 FILER NAME Stephen C. Floyd		3 ACCOUNT # (Ethics Commission File	
Date	5 Pavee name			
7/02/2018	First Financial Bank			
Amount (\$)	7 Payee address; City; State; Zip Code			
3.00	PO Box 701 Abilene, TX 79604			
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	vel outside of Texas, complete Schedule T)	
	Fees	Paper Statement Fee		
Complete <u>QNLY</u> if direct expenditure to benefit C/Q	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
7/31/2018	First Financial Bank			
Amount (\$)	Payee address; City; State; Zip Code			
5.00	PO Box 701			
5.00	Abilene, TX 79604			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)	
	Fees	Monthly Maintenance Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Pavee name			
8/01/2018	Payee name First Financial Bank			
Amount (\$)	Payee address; City; State; Zip Code			
	PO Box 701			
3.00	Abilene, TX 79604	Description //firm	(al autoido of Toylog, nomoloto Sabadulo T)	
3.00		Description (it that	vel outside of Texas, complete Schedule T)	
3.00 PURPOSE OF	Category (See categories listed at the top of this schedule)			
PURPOSE	Category (See categories listed at the top of this schedule) Fees	Paper Sta	tement Fee	
PURPOSE OF	Fees Candidate / Officeholder name	Paper Sta Office sought	Office held	
PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct	Fees Candidate / Officeholder name H Payee name	·····		
PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O	Fees Candidate / Officeholder name H	·····		
PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O Date	Fees Candidate / Officeholder name H Payee name	·····		
PURPOSE OF EXPENDITURE Complete <u>QNLY</u> if direct expenditure to benefit C/O Date 8/01/2018	Fees Candidate / Officeholder name H Payee name First Financial Bank	·····		
PURPOSE OF EXPENDITURE Complete <u>QNLY</u> if direct expenditure to benefit C/O Date 8/01/2018	Fees Candidate / Officeholder name H Payee name First Financial Bank Payee address; City; State; Zip Code PO Box 701	·····		
PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O Date 8/01/2018 Amount (\$) 5.00	Fees Candidate / Officeholder name H Payee name First Financial Bank Payee address; City; State; Zip Code	Office sought		
PURPOSE OF EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/O Date 8/01/2018 Amount (\$)	Fees Candidate / Officeholder name H Payee name First Financial Bank Payee address; City; State; Zip Code PO Box 701 Abilene, TX 79604	Office sought	Office held	

www.ethics.state.tx.us

Revised 04/19/2013

.

.

Austin, Texas 78711-2070

(512) 463-5800 (TDD 1-800-735-2989)

POLITICAL	EXPENDITURES		SCHEDULE F				
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES FOR BOX Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete th		oan Repayment/Reimbursement ransportation Equipment & Related Expense ontributions/Donations Made By Candidate/Officeholder/Political Committee THER (enter a category not listed above)				
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)				
2	Stephen C. Floyd						
4 Date	STEPREN C. FIOYO						
8/31/2018	First Financial Bank						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
5.00	PO Box 701 Abilene, TX 79604						
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If	travel outside of Texas, complete Schedule T)				
OF EXPENDITURE	Fees	Monthly Maintenance Fee					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	 Candidate / Officeholder name)H	Office sought	Office held				
Date	Payee name						
8/31/2018	First Financial Bank						
Amount (\$)	Payee address; City; State; Zip Code						
5.00	PO Box 701						
5.00	Abilene, TX 79604						
		Description in					
PURPOSE OF	Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T)						
EXPENDITURE	Fees	Inactivity	/ Fee				
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
9/4/2018	First Financial Bank						
Amount (\$)	Payee address; City; State; Zip Code						
	PO Box 701						
3.00							
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Abilene, TX 79604 Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)				
OF							
EXPENDITURE	Fees	Paper Sta	atement Fee				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name	<u></u>					
Amount (\$)	Payee address; City; State; Zip Code						
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If	travel outside of Texas, complete Schedule T)				
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

www.ethics.state.tx.us

Revised 04/19/2013