1	TE / OFFICI N FINANCE		JUL 17 2017	FORM C/OH COVER SHEET PG 1
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		JUL 17 2017
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		et suite# city Ave, Ste 200 Sar	state: zipcode n Angelo, TX 76903	Date Hand-delivered or Postmarked
change of address				Receipt # Amount
5 CANDIDATE/	AREA CODE PH	ONE NUMBER	EXTENSION	Alexand
OFFICEHOLDER PHONE	(325)	655-7058		Date Processed
6 CAMPAIGN	MS/MRS/MR	FIRST	M	Date Imaged
TREASURER NAME	Mr.	Bradford	L.	
	NICKNAME	Fly	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BO		CITY: STATE: San Angelo, TX	76903
8 CAMPAIGN TREASURER PHONE	,	ONE NUMBER 653-6854	EXTENSION	
9 REPORT TYPE	January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15	8th day before election	Exceeded \$500 limit	Final report (Altach C'OH - FR)
10 PERIOD COVERED	Month Day Ye. 01 / 01 / 20	TUDOUCH	Month Day 06 30 /	Year 2017
11 ELECTION	ELECTION DATE Month Day Ye	ar ELECTION TYPE Primary	Runolf	General Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	kanna akkin menaperaman kannasi keranaki senandi kitoronda kinaman a masaan penanda anna asa menaman menahik mendam mendik mendalik mendal
	County Ju	udge		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

JOI 1 OKT	a lolat			One Line
14 C/OH NAME Ste	phen C. Floy	J UL 17₁<i>2</i>0 d	COUNT #	(Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY	s or officeh	OLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE ADDRESS		
	GENERAL SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		1000 Tools of the Annual Annua
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	Comment of American Comment of State Com	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. 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 F	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		0.00
	4. TOTAL	L POLITICAL EXPENDITURES		45.00
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$	304.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 8,000.00			8,000.00
AFFIX NOTARY STAM Sworn to and substant day		AS 2019 Signature of Candidat	e or Officeho	ired to be reported by
Signature of pfficer admi	nistering oath	Rudy Olivas F	Lection Title of office	er administering oath

POLITICAL EXPENDITURES

JUL 17 2017

SCHEDULE F

	EXPENDITURE (CATEGORIES FOR BOX 8	(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense	Contributions/Donatio Candidate/Officeh	ment & Related Expens
	The Instruction Guide	explains how to complete this	form.	
Total pages Schedule F:	2 FILER NAME		3 ACCOUNT #	(Ethics Commission File
3	Stephen C. Floyd			
Date	5 Payee name	deleter version de version de deleter version de la deleter de la grande de version de version de la decentration de	a 1994 danie a 1994 (1994 – 1994) (1994 danie a danie a 1994 (1994 – 1994 – 1994 danie a 1994 (1994 – 1994 – 1994 danie a 1994 – 1994 danie a 1994 d	
1/31/2017	First Financial Bank			
Amount (\$)	7 Payee address; City; State	e: Zip Code	And the second s	
5.00	PO Box 701			
	Abilene, TX 79604			
PURPOSE	(a) Category (See categories listed at the top of	f this schedule) (b) Descripti	on (If travel outside of Texas,	complete Schedule T)
OF EXPENDITURE	Fees	Mont	hly Maintenance	Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sou	ught	Office held
Date	Payee name		A CONTRACTOR OF THE PROPERTY O	1980 - 19
2/01/2017	First Financial Bank			
Amount (\$)	Payee address; City; State	e; Zip Code		
3.00	PO Box 701			
0.00	Abilene, TX 79604			
PURPOSE	Category (See categories listed at the top or	f this schedule) Description	on (If travel outside of Texas, o	complete Schedule T)
OF EXPENDITURE	Fees	Paper	Statement Fee	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sou	ight	Office held
Date 2/28/2017	Payee name First Financial Bank			
2/28/2017 Amount (\$)	First Financial Bank Payee address; City; State	e; Zip Code		
2/28/2017	First Financial Bank	e; Zip Code		
2/28/2017 Amount (\$) 5.00 PURPOSE	First Financial Bank Payee address; City; State PO Box 701	f this schedule) Description	on (If travel outside of Texas, c	,
2/28/2017 Amount (\$) 5.00 PURPOSE OF	First Financial Bank Payee address: City: State PO Box 701 Abilene, TX 79604	f this schedule) Description	on (If travel outside of Texas, conthly Maintenar	,
2/28/2017 Amount (\$) 5.00 PURPOSE	First Financial Bank Payee address: City; State PO Box 701 Abilene, TX 79604 Category (See categories listed at the top of Fees Candidate / Officeholder name	f this schedule) Description	onthly Maintenar	,
2/28/2017 Amount (\$) 5.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	First Financial Bank Payee address; City; State PO Box 701 Abilene, TX 79604 Category (See categories listed at the top of Fees Candidate / Officeholder name	f this schedule) Descripti Mo	onthly Maintenar	ice Fee
2/28/2017 Amount (\$) 5.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	First Financial Bank Payee address: City; State PO Box 701 Abilene, TX 79604 Category (See categories listed at the top of Fees Candidate / Officeholder name OH Payee name First Financial Bank	f this schedule) Description MC	onthly Maintenar	ice Fee
2/28/2017 Amount (\$) 5.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	First Financial Bank Payee address; City; State PO Box 701 Abilene, TX 79604 Category (See categories listed at the top of Fees Candidate / Officeholder name OH Payee name First Financial Bank Payee address; City; State	f this schedule) Descripti Mo	onthly Maintenar	ice Fee
2/28/2017 Amount (\$) 5.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C	First Financial Bank Payee address: City; State PO Box 701 Abilene, TX 79604 Category (See categories listed at the top of Fees Candidate / Officeholder name OH Payee name First Financial Bank	f this schedule) Description MC	onthly Maintenar	ice Fee
2/28/2017 Amount (\$) 5.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 3/01/2017 Amount (\$) 3.00	First Financial Bank Payee address; City; State PO Box 701 Abilene, TX 79604 Category (See categories listed at the top of Fees Candidate / Officeholder name OH Payee name First Financial Bank Payee address: City; State PO Box 701	of this schedule) Description Office source: Zip Code	onthly Maintenar	Office held
2/28/2017 Amount (\$) 5.00 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/C Date 3/01/2017 Amount (\$)	First Financial Bank Payee address; City; State PO Box 701 Abilene, TX 79604 Category (See categories listed at the top of Fees Candidate / Officeholder name OH Payee name First Financial Bank Payee address: City; State PO Box 701 Abilene, TX 79604	f this schedule) Description Office soul Example: Zip Code	onthly Maintenar	Office held Omplete Schedule T)

4/03/2017

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First Financial Bank

Revised 04/19/2013

POLITICAL EXPENDITURES

SCHEDULE F

JUL 17 2017

	EVOENDITUR	E CATECORIES FOR BOY OF	_ 1
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	E CATEGORIES FOR BOX 8(a Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense de explains how to complete this f	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
3	Stephen C. Floyd		
4 Date	5 Payee name		The second secon
3/31/2017	First Financial Bank		
6 Amount (\$)	7 Payee address; City; S	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

OF EXPENDITURE	Fees	,	Monthly Mair	ntenance Fee
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held

Amount (\$) 3.00	Payee address; City; State: Zip Coo PO Box 701 Abilene, TX 79604	le
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Paper Statment Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held

Date 4/28/2017	Payee name First Financial Bank		
Amount (\$)	Payee address; City; State: Zip Code		7,7
5.00	PO Box 701		
3.33	Abilene, TX 79604		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside	e of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Monthly Mair	ntenance Fee
Complete ONLY if direct		Office sought	Office held

Candidate / Officeholder name	Office sought	Office held
Fees	Paper Statmer	nt Fee
Category (See categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
Abilene, TX 79604		
PO Box 701		
Payee address: City: State: Zip Code		
First Financial Bank		
	Payee address: City: State: Zip Code PO Box 701 Abilene, TX 79604 Category (See categories listed at the top of this schedule) Fees	First Financial Bank Payee address: City: State: Zip Code PO Box 701 Abilene, TX 79604 Category (See categories listed at the top of this schedule) Fees Paper Statme

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURPOSE OF EXPENDITURE

Description (If travel outside of Texas, complete Schedule T)

Paper Statement Fee

POLITICAL EXPENDITURES

SCHEDULE F

	- Wilderstein Academic Control of the Control of th		JUL 1 7 2017
	EXPENDITURE	CATEGORIES FOR BOX	8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide	Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expens explains how to complete th	Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
3	Stephen C. Floyd		
4 Date	5 Payee name		
5/31/2017	First Financial Bank		
Amount (\$)	7 Payee address; City: Sta	ate: Zip Code	
5.00	PO Box 701		
	Abilene, TX 79604		
3 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) Descrip	otion (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Mo	nthly Maintenance Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office s	ought Office held
Date	Payee name	MACHINE THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS O	
6/01/2017	First Financial Bank		
Amount (\$)	Payee address; City; Sta	ate; Zip Code	
3.00	PO Box 701		
3.00	Abilene, TX 79604		

Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 6/30/2017	Payee name First Financial Bank		
Amount (\$)	Payee address; City; State; Zip Code		And the state of t
5.00	PO Box 701 Abilene, TX 79604		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside	de of Texas, complete Schedule T)
OF EXPENDITURE	Fees	Monthly Mainte	enance Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address: City; State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside	de of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held

Category (See categories listed at the top of this schedule)

Fees

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