# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Texas Ethics Commission

# 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 1.7 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 Processen	
6 CAMPAIGN TREASURER	Ms/MRS/MR FIRST Mr Bradford	MI 	Date Imaged	
NAME		<b>L.</b>		
	NICKNAME LAST	SUFFIX		
	Fly			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:	CITY: STATE;	ZIP CODE	
TREASURER ADDRESS	E4E M Harris Ava Sto 200	Can Angola TV	76000	
(residence or business)	515 W. Harris Ave, Ste 200	San Angelo, TX	76903	
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER	( 325 ) 653-6854			
PHONE	020,			
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign	
	dansary to sour day before steeties.		treasurer appointment (officeholder only)	
	X July 15 8th day before election	Exceeded \$500	Final report (Attach C/OH - FR)	
		limit		
10 PERIOD	Month Day Year	Month Day	Year	
COVERED	02 / 25 / 2018 THROUGH	06 / 30 /	<b>/</b> 2018	
		,		
11 ELECTION	ELECTION DATE ELECTION TYPE	The state of the s		
	Month Day Year Primary	Ranoff X	General Special	
	11 / 06 / 2018			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
	County Judge	County lude		
	County Judge	County Judg	ie	
GO TO PAGE 2				

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME Ste	phen C. Floye	d 1	5 ACCOUNT #	# (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD MOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF I	IDATE'S OR OFFIC	EHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	1 4	0.00
EXPENDITURE TOTALS CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	IZED \$	0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$	37.00
		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD	\$	58.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		HE \$	8,600.00
18 AFFIDAVIT				
	KATHY PYE	I swear, or affirm, under penalty of is true and correct and includes all me under Title 15. Election Code.		

AFFIX NOTARY STAMP / SEAL ABOVE

**Notary Public** STATE OF TEXAS

Sworn to and subscribed before me, by the said Hophen C Hoy to certify which, witness my hand and seal of office.

Signature of Candidate or Officeholder

Title of officer administering oath

#### **POLITICAL EXPENDITURES**

### SCHEDULE F

	EXPENDITURE CATEGORI	S EOD BOY 8/s	1	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wage Legal Services Solicitation/Fur Food/Beverage Expense Travel In Distr Polling Expense Travel Out Of Printing Expense Office Overhei	s/Contract Labor ndraising Expense ict District ad/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
	The Instruction Guide explains how	to complete this is		
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
3	Stephen C. Floyd			
4 Date	5 Payee name			
2/28/2018	First Financial Bank			
6 Amount (\$)	7 Payee address; City: State; Zip Code			
5.00	PO Box 701			
5.00	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	Fees	Month	ly Maintenance Fee	
EXPENDITURE				
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office soug	ht Office held	
Date	Payee name			
3/01/2018	First Financial Bank			
Amount (\$)	Payee address; City; State; Zip Code			
0.00	PO Roy 701			
3.00	Abilene, TX 79604			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Fees	Fees Paper Statement Fee		
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office soug	ht Office held	
Date	Payee name			
3/31/2018	First Financial Bank			
Amount (\$)	Payee address; City; State; Zip Code			
Amount (4)				
5.00	PO Box 701			
3.00	Abilene, TX 79604			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Fees	Month	Monthly Maintenance Fee	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office soug	ht Office held	
Date	Payee name			
4/01/2018	First Financial Bank			
Amount (\$)	Payee address; City; State; Zip Code			
Amount (9)				
2.00	PO Box 701			
3.00	Abilene, TX 79604			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Fees	Paper	Statement Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Office sough	ht Office held	
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS	NEEDED	

### **POLITICAL EXPENDITURES**

P.O. Box 12070

#### SCHEDULE F

Advertising Expense	EXPENDITURE CATEGOR Gift/Awards/Memorials Expense Salaries/Wag	IES FOR BOX 8(a es/Contract Labor		amant.
Accounting/Banking		undraising Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense Travel In Dis	•	Contributions/Donations Ma	•
Event Expense	Polling Expense Travel Out O		Candidate/Officeholder/F	
Fees	· ·	ead/Rental Expense	OTHER (enter a category n	ot listed above)
	The Instruction Guide explains how	w to complete this fo	rm.	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics	Commission Filers)
3	Stephen C. Floyd			
4 Date	5 Payee name			
4/30/2018	First Financial Bank			
6 Amount (\$)	7 Payee address; City; State; Zip Code	e		
	PO Box 701			
5.00 Abilene, TX 79604				
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complet	e Schedule T)
OF EXPENDITURE	Fees	Monthl	Monthly Maintenance Fee	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sough	nt Of	fice held
expenditure to benefit C/	он			
Date	Payee name			
5/01/2018	First Financial Bank			
Amount (\$)	Payee address; City; State; Zip Code	е		
3.00	PO Box 701			
5.00	Abilene, TX 79604			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete	Schedule T)
OF EXPENDITURE	Fees	Paper	Paper Statement Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	of Of	fice held
Date	Payee name			
5/31/2018	First Financial Bank			
Amount (\$)	Payee address; City; State; Zip Code	)		
	PO Box 701			
5.00				
	Abilene, TX 79604	Description	(If traval outside of Tayna complete	Schodulo T)
PURPOSE OF	Category (See categories listed at the top of this schedule)	1	(If travel outside of Texas, complete	·
EXPENDITURE	Fees	Monthly Maintenance Fee		е
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sough	ot Of	fice held
Date	Payee name			
6/01/2018	First Financial Bank			
Amount (\$)	Payee address; City: State; Zip Code	3		
	PO Box 701			
3.00	Abilene, TX 79604			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete	Schedule T)
OF EXPENDITURE	Fees	Paper	Paper Statement Fee	
Complete ONLY if direct	Condidate / Officeholder name	Office sough		fice held
expenditure to benefit 0				
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS	NEEDED	
				Revised 04/19/201

### **POLITICAL EXPENDITURES**

#### SCHEDULE F

	EXPENDITURE CATEGOR	ES FOR BOX 8(a)	)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wage Legal Services Solicitation/Fu Food/Beverage Expense Travel In Dist Polling Expense Travel Out Of	es/Contract Labor indraising Expense rict	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	
rees	The Instruction Guide explains hov	•	OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME	v to complete this to		
3	Stephen C. Floyd		3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name			
6/30/2018	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	Monthl	Monthly Maintenance Fee	
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sough	nt 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 of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	nt 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 of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	ot 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 of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sough	ot Office held	
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS	NEEDED	
ununu othioe etato ty ue			Pavisad 04/10/2013	