CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	auide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	MI D	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Tom Stephen		RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	address / PO BOX; APT / SUITE #: 0	SHTY: STATE: ZIP CODE	FEB 2 3 2018
Change of Address		78611	Burnet Co Elections
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (572) 800-0583	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS (MRS) MR FIRST	MI A	Receipt # Amount \$
NAME	NICKNAME LAST		Date Processed
	Stephen	ک	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APTISE 320 Windmill Rd.		ZIP CODE 786 //
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 874-2138	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	ection Aunoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 61 / 26 / 2018	THROUGH $62/$	Day Year 24/2018
11 ELECTION	ELECTION DATE Month Day Year Primary 03/06/20/8 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
		County Co	nmissioner Pct2
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	omas BS	Stephens	15 Filer ID (Ethics Commission Filers)	
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 Dance		COMMITTEE COMMIT		
Additional Pages		COUNTY ON THE COUNTY OF THE CO		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAS S. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN SED \$	
	f .	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1150.00	
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 179.77	
· · · · · · · · · · · · · · · · · · ·	4. TOTAL	POLITICAL EXPENDITURES	\$ 6697.52	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 2744.53			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 10 100.00			
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. Notary Public				
STATE OF TEXAS				
My Comm. Exp. 06-20-2018 Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEALABOVE				
Sworn to and subscribed before me, by the said Thomas Stephens , this the 33 Rd				
day of $\frac{700}{100}$, 2008, to certify which, witness my hand and seal of office.				
Carrie Sillavan Carrie Sil				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Thomas B Stephens 20 Filer ID (Ethics Con	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1150.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 4100.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4100.00 \$ 4140.73
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 FUNDS	\$ 2377.02
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A14

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
Thomas B Stephens	3 Filer ID (Ethics Commission Filers)		
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Bunnet, Tx 78611 See Instructions) Bunnet, Tx 78611 See Instructions)	tions)		
Date Full name of contributor July Fermado Albornoz Contributor address; City; State; Zip Code 7037 N FM 1174 Bertram IX 78605 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date Full name of contributor Jout-of-state PAC (ID#:	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#:) 2/15/18 Contributor address; City: State: Zip Code 2/5 Symmit Ridge Burnet, Tx 786/1	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Émployer (See Instruc	tions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME Thomas B Stephens 4 Date 5 Full name of contributor out-of-state PAC (ID#: 2/18/18 Leonard M Stephens 6 Contributor address; City; State; Zip Code 320 Windmill Rd Burnet, TX 786/1 9 Employer (See Ins.) 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 30000 Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) **Employer (See Instructions)** Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Contributor address: City; State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:
Thomas B Stephens			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan 01/26//8	7 Name of lender out-of-state PAC (ID#:) Thomas B Stephens		9 Loan Amount (\$) 3000.00
6 Is lender a financial Institution?	8 Lender address; City; State; Zip Code 320 Windmill Rd Burnet, Tx 78611		10 Interest rate 11 Maturity date
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)		13 Employer (See Instructions)	
14 Description of Coll	ateral ·	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan <i>C</i> み//	Name of lender Dout-of-state F Thomas B Steph	PAC(ID#:)	Loan Amount (\$)
Is lender a financial Institution?	,	State: Zip Code Rd BurnetTX	Interest rate Maturity date
Y (N) Principal occupation	on / Job title (See Instructions)	786// Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Creft Card Payment

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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME Thom as B Stephen.	5	3 Filer ID (Ethics Commission Filers)
4 Date 2/13 /18	5 Payee name Thomas (Traphics		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
140.73	POBOX 142226 Austin 7	TX 78714	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF			utside of Texas. Complete Schedule T.
EXPENDITURE .	Printing Exp	Flyers	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/6/18	Pecan Street Consulti	ting	
Amount (\$)	Payee address; City; State; Zip Code		
4000.00	P.0130x 84263 PearLas	nd Tx 77	584
	Category (See Categories listed at the top of this schedule)	Description	,
PURPOSE OF			tside of Texas. Complete Schedule T.
EXPENDITURE	Consulting Exp	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	•		
Amount (\$)	Payee address; City; State; Zip Code		
			•
`*	Category (See Categories listed at the top of this schedule)	Description	# U. M. C
PURPOSE OF			tside of Texas. Complete Schedule T.
EXPENDITURE		L Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gitt/Awards/Memorials Expense

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)

Credit Card Payment The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	2 FILER NAME Thomas B Stephen	5	3 Filer ID (Ethics Commission Filers)
4 Date 2/14/18	Date 5 Payee name Capital Printing Co		
6 Amount (\$) 837.86 Amount formula interded	7 Payee address; City; State; ZipCode 400/ Caven Rd. Aust,	in, Tx 78;	744
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Exp	I —	de of Jexas. Complete Schedule T. "X. officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/		Office sought	Office held
Date 2/22/18	Payee name Capital Printing	Co	
Amount (\$) 37. 86 Reimbursement from political contributions intended	Payee address; City; State; Zip Gode 4001 Caven Rol Aus		78744
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		de of Texas. Complete Schedule T. "X, officeholder living expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date 02/16 / 18	Payee name Lampasas Dispatch)	
Amount (\$) 32/30 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 116 S. Live Oak Lam,	Pasas, TX	76550
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		de of Texas. Complete Schedule T. FX, 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			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credi Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Lenal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officenolder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	Thomas B Stephen	3 Filer ID (Ethics Commission Filers)	
4 Date 02/21/18	5 Payee name Burnet Bulletin	·	
6 Amount (\$) \$0.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code POBOX 1000 Marb/e		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Reimbursement from political contributions intended		T	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description 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			
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			