CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR FIRST МΙ OFFICE USE ONLY **OFFICEHOLDER** MR **STEWART** D NAME Date Received NICKNAME LAST SUFFIX DICKSON JR 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE; ZIP CODE **OFFICEHOLDER** 2860 JANIE LANE SAN ANGELO.TEXAS 76905 MAILING **ADDRESS** JAN 30 2024 AH 121 Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked OFFICEHOLDER (325 763-8537 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN MI **TREASURER MRS** BRENDA D Date Processed NAME NICKNAME LAST SUFFIX Date Imaged DICKSON STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN STATE: ZIP CODE **TREASURER** 2860 JANIE LANE SAN ANGELO TEXAS 76905 **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER EXTENSION **TREASURER** PHONE *(* 325 656-8869 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year Day COVERED 12 1 23 1 15 24 **THROUGH** ELECTION DATE 11 ELECTION **ELECTION TYPE** Primary Runoff Other Day Year Description Special 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE TOM GREEN CONSTABLE #2 TOM GREEN CONSTABLE #2 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THIS BOX IS FOR NOTICE OF FOLLITICAL CONTRIBUTIONS ACCEPTED OF FOLLITICAL EXPENDITURES MADE BY FOLLITICAL COMMITTEES TO SUFFORM. THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL

COMMITTEE CAMPAIGN TREASURER ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

SPECIFIC

Additional Pages

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME STEWART DEEN DIC	CKSON JR		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		AN	0.00
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO	RIBUTIONS PANS, OR GUARANTEES OF LOAN	IS)	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.			0.00
	4. TOTAL POLITICAL EXPENDITURES			0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	JTIONS MAINTAINED AS OF THE L	AST DAY	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORTI	OF ALL OUTSTANDING LOANS AS NG PERIOD	OF THE	0.00
	Please com	Signature of Signa	Candidate or	Officeholder
(1) Affidavit	ALLISON MICHELLE DYE Notary Public STATE OF TEXAS ID# 13193575-3 My Comm. Exp. Mar. 19, 2027			
NOTARY STAMP/SEAL Sworn to and subscribed	Door Tiv	CISON this th	ne <u>29</u>	day of January,
20 14 , to certify	which, witness my hand and seal of office.	n Michaelle Dyc		Court Clerk
Signature of officer administer	ring oath Printed name of o	fficer administering oath	Ti	tle of officer administering oath
		OR		
(2) Unsworn Declaration	on			
My name is		, and my date of birth	is	
My address is		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	*
	(street)	(city)		p code) (country)
Executed in	County, State of	, on theday of	nth)	20 (year)
		Signature of Can	ndidate/Officeho	older (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	led:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MR	FIRST STEWART	мі D	OFFICE USE ONLY				
NAME	NICKNAME	DICKSON	suffix JR	Date Received				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 2860 JANIE L	APT / SUITE #; C ANE SAN ANGEL	CITY: STATE; ZIP CODE LO,TEXAS 76905					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (325)	PHONE NUMBER 763-8537	EXTENSION	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER	MS / MRS / MR MRS	FIRST BRENDA	MI D	Receipt #	Amount \$			
NAME	NICKNAME	LAST	SUFFIX	Date Processed				
		DICKSON						
7 CAMPAIGN TREASURER ADDRESS		O PO BOX PLEASE); APT / SU ANE SAN ANGE	ELO TEXAS 76905	STATE;	ZIP CODE			
(Residence or Business)								
8 CAMPAIGN TREASURER PHONE	(325)	PHONE NUMBER 656-8869	EXTENSION					
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)				
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Repor	rt (Attach C/OH - FR)			
10 PERIOD COVERED	Month 1	Day Year 15 / 24	THROUGH 1	Day Year / 24	r			
11 ELECTION	ELECTION DATE Month Day 3 / 5	Year Primary General	ELECTION TYPE Runoff Other Description Special					
12 OFFICE	OFFICE HELD (if any) TOM GREEN	CONSTABLE #2	13 OFFICE SOUGHT (If known) TOM GREEN C	•	E #2			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE CONSENT. CANDIDATES A	HOLDER, THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M. MAY HAVE BEEN MADE WITHOUT THE CAND RED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR			
Additional Pages	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS					
GO TO PAGE 2								

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME STEWART DEEN DIO	CKSON JR	16 Filer ID (Ethics C	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$	0.00
	Signature of Ca Please complete either option below	andidate or Officehold	der
(1) Affidavit NOTARY STAMP/SEAR Sworn to and subscribed	CARLO DIVERS	29 day of J	anvary.
to certify	which, witness my hand and seal of office.	Court	Clerk
Signature of officer administe	ring oath Printed name of officer administering oath	Title of office	er administering oath
	OR		
(2) Unsworn Declaration			
My name is	, and my date of birth is		
			•
iviy addicess is	(street) (city) (s	state) (zip code)	(country)
Executed in		, 20, (year)	(000)
	Signature of Candin	date/Officeholder (Dec	clarant)