

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 ACCOUNT #</b> <small>(Ethics Commission Filers)</small>	<b>2 Total pages filed:</b>  <b>3</b>	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>Mr.</b>	FIRST <b>Stephen</b>	MI <b>C.</b>	<b>OFFICE USE ONLY</b>  Date Received  <b>OCT 30 2018</b>  Date Hand-delivered or Postmarked  Receipt #      Amount  Date Processed  Date Imaged
	NICKNAME <b>Steve</b>	LAST <b>Floyd</b>	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> change of address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>515 W. Harris Ave, Ste 200      San Angelo, TX 76903</b>			
	AREA CODE      PHONE NUMBER      EXTENSION <b>( 325 )      655-7058</b>			
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>Mr.</b>	FIRST <b>Bradford</b>	MI <b>L.</b>	
	NICKNAME	LAST <b>Fly</b>	SUFFIX	
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(residence or business)</small>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>515 W. Harris Ave, Ste 200      San Angelo, TX 76903</b>			
	AREA CODE      PHONE NUMBER      EXTENSION <b>( 325 )      653-6854</b>			
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <b>09 / 28 / 2018      10 / 27 / 2018</b>			
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <b>11 / 06 / 2018</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
	<b>12 OFFICE</b> OFFICE HELD (if any)  <b>County Judge</b>		<b>13 OFFICE SOUGHT</b> (if known)  <b>County Judge</b>	
<b>GO TO PAGE 2</b>				

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

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME** Stephen C. Floyd **15 ACCOUNT #** (Ethics Commission Filers)

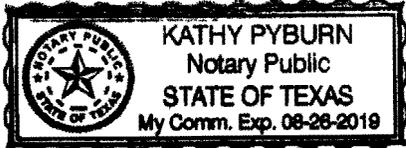
**16 NOTICE FROM POLITICAL COMMITTEE(S)**

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.

<input type="checkbox"/> additional pages	<b>COMMITTEE TYPE</b> <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>
		<b>COMMITTEE ADDRESS</b>
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	13.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	16.29
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Stephen C. Floyd, this the 30 day of October, 20 18, to certify which, witness my hand and seal of office.

*[Handwritten Signature: Kathy Pyburn]*

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |  |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>1</b>	<b>2</b> FILER NAME <b>Stephen C. Floyd</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date <b>9/28/2018</b>	<b>5</b> Payee name <b>First Financial Bank</b>
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<b>6</b> Amount (\$) <b>5.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO Box 701 Abilene, TX 79604</b>
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Fees</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Monthly Maintenance Fee</b>
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/01/2018</b>	Payee name <b>First Financial Bank</b>
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Amount (\$) <b>3.00</b>	Payee address; City; State; Zip Code <b>PO Box 701 Abilene, TX 79604</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>Paper Statement Fee</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/01/2018</b>	Payee name <b>First Financial Bank</b>
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Amount (\$) <b>5.00</b>	Payee address; City; State; Zip Code <b>PO Box 701 Abilene, TX 79604</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Fees</b>	Description (If travel outside of Texas, complete Schedule T) <b>Inactivity Fee</b>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**