

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

5

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: mr
NICKNAME: Stephen
FIRST: Russell
LAST: Russell
MI: J
SUFFIX:

OFFICE USE ONLY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Date Received
Date Hand-Delivered or Date Postmarked
Receipt #
Date Processed
Date Imaged

FILED FOR RECORD
KAUFFMAN COUNTY TEXAS
2026 JAN 15 AM 11:28
LAURA A. JONES
CLERK
DEPUTY

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs
NICKNAME: Taryn
FIRST: Dan's
LAST: Dan's
MI: C.
SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

9 REPORT TYPE

January 15
 30th day before election
 Runoff
 15th day after campaign treasurer appointment (Officeholder Only)
 July 15
 8th day before election
 Exceeded Modified Reporting Limit
 Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
07 / 01 / 25 THROUGH 12 / 31 / 25

11 ELECTION

ELECTION DATE: Month Day Year
02 / 03 / 26
ELECTION TYPE:
 Primary
 Runoff
 Other Description
 General
 Special

12 OFFICE

OFFICE HELD (if any)
County Court at Law

13 OFFICE SOUGHT (if known)
County Court at Law

14 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.

Additional Pages

COMMITTEE TYPE: GENERAL SPECIFIC
COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <u>Stephen J. Russell</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>1650.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1650.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2578.51</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>193,900⁰⁰</u>

18 SIGNATURE 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.

[Signature]
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Stephen J Russell this the 15 day of January

20 26, to certify which, witness my hand and seal of office.

[Signature] Daniela Serna Deputy Clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

Stephen J. Russell

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1650.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME **Stephen J. Russell** 3 Filer ID (Ethics Commission Filers)

4 Date 11/18/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina Eckhardt	7 Amount of contribution (\$) \$ 50.00
	6 Contributor address; City; State; Zip Code 4690 Fm 2727 Kaufman TX 75142	

8 Principal occupation / Job title (See Instructions) **Assistant County Clerk** 9 Employer (See Instructions) **Kaufman County**

Date 11/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Ray Harris	Amount of contribution (\$) \$ 150.00
	Contributor address; City; State; Zip Code 6060 N. Central Exp Ste 500 Dallas TX 75206	

Principal occupation / Job title (See Instructions) **attorney** Employer (See Instructions) **Self**

Date 11/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Paulson	Amount of contribution (\$) \$ 500.00
	Contributor address; City; State; Zip Code 201 Laurence Dr, Ste 101 Heath, TX 75032	

Principal occupation / Job title (See Instructions) **attorney** Employer (See Instructions) **Self**

Date 11/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyle C. Steele	Amount of contribution (\$) \$ 200.00
	Contributor address; City; State; Zip Code 6510 Abrams Ste 280 Dallas TX 75231	

Principal occupation / Job title (See Instructions) **attorney** Employer (See Instructions) **Self**

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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Stephen J. Russell		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert J Altom III	7 Amount of contribution (\$) \$ 150.00
6 Contributor address; City; State; Zip Code 3920 Holly Springs Lane Kaufman TX 75142		
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) Self
Date 10/20/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill C Stephens	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 536 Gun Barrel Ln Gun Barrel TX 75156		
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Self
Date 12/23/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby C. Stark	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code P.O. Box 911 Kemp TX 75143		
Principal occupation / Job title (See Instructions) Bail Bondsman		Employer (See Instructions) Self
Date	Full name of contributor <input type="checkbox"/> 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

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