

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: 2 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MR FIRST William MI | OFFICE USE ONLY Date Received BY: S 2022 FEB 18 AM 8:59 LAURA A. HUGHES COUNTY CLERK KAUFMAN COUNTY TEXAS FILED FOR RECORD | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | NICKNAME Steve LAST Phillips SUFFIX JR | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | |
| 6 CAMPAIGN TREASURER NAME | AREA CODE PHONE NUMBER EXTENSION | | |
| 7 CAMPAIGN TREASURER ADDRESS | MS / MRS / MR FIRST Leah MI | Date Hand-delivered or Date Postmarked | Receipt # Amount |
| 8 CAMPAIGN TREASURER PHONE | NICKNAME LAST Phillips SUFFIX | Date Processed | Date Imaged |
| 9 REPORT TYPE | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | <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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | AREA CODE PHONE NUMBER EXTENSION | Month Day Year THROUGH Month Day Year 01 / 21 / 2022 02 / 19 / 2022 | |
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | |
| 12 OFFICE | Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description | <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 13 OFFICE | OFFICE HELD (if any) | OFFICE SOUGHT (if known) | |
| 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. | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> 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

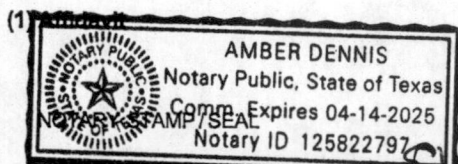
| | | | |
|-------------------------|---|--|----------------------|
| 15 C/OH NAME | | 16 Filer ID (Ethics Commission Filers) | |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | <i>[Handwritten]</i> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | <i>[Handwritten]</i> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ | <i>[Handwritten]</i> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | <i>[Handwritten]</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ | <i>[Handwritten]</i> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | <i>[Handwritten]</i> |

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.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Street Phillips this the 17 day of February 2022, to certify which, witness my hand and seal of office.
Amber Dennis Amber Dennis Notary
 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)