

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Keith W 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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3000 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 226 ⁶⁸
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4669 ⁸⁶
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



AFFIX NOTARY STAMP/SEAL ABOVE

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

Sworn to and subscribed before me, by the said Keith Stephens, this the 3rd day of February 2000, to certify which, witness my hand and seal of office.

Kylie Doss Kylie Doss Deputy Clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <i>1</i>
2 FILER NAME <i>Keith W Stephens</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-23-2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Needham</i>	7 Amount of contribution (\$) <i>\$3000⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>201 W. Moore Ave STE 4 Terrell TX 75160</i>		
8 Principal occupation / Job title (See Instructions) <i>Construction</i>		9 Employer (See Instructions) <i>self employed</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>1</u>	2 FILER NAME <u>Keith W Stephens</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>1-17-2020</u>	5 Payee name <u>Tractor Supply</u>	
6 Amount (\$) <u>75⁵⁶</u>	7 Payee address; City; State; Zip Code <u>100 State Hwy 205 STE 100 Terrell TX 75160</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>advertising Expense</u>	(b) Description <u>T-Posts For signs</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Keith W Stephens</u>	Office sought Office held <u>Kaufman Constable Pat 3</u>
Date <u>1-17-2020</u>	Payee name <u>Tractor Supply</u>	
Amount (\$) <u>75⁵⁶</u>	Payee address; City; State; Zip Code <u>100 State Hwy 205 STE 100 Terrell TX 75160</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>advertising Expense</u>	Description <u>T-Posts For signs</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Keith W Stephens</u>	Office sought Office held <u>Kaufman County Constable Pat #3</u>
Date <u>1-20-2020</u>	Payee name <u>Tractor Supply</u>	
Amount (\$) <u>75⁵⁶</u>	Payee address; City; State; Zip Code <u>100 State Hwy 205 STE 100 Terrell TX 75160</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>advertising Expense</u>	Description <u>T-Posts For signs</u>
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Keith W Stephens</u>	Office sought Office held <u>Kaufman County Constable Pat 3</u>

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