

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: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Keith</u> MI: <u>W</u> NICKNAME: LAST: SUFFIX:	OFFICE USE ONLY Date Received: <u>2020 JAN 14 AM 10:30</u> BY: <u>[Signature]</u> LAURA A. HUGHES COUNTY CLERK FILED FOR RECORD KAUFMAN CO TEXAS	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mrs.</u> FIRST: <u>Charlcie</u> MI: <u>N</u> NICKNAME: LAST: SUFFIX:	Date Hand-Delivered or Date Postmarked: _____ Receipt # Amount \$ Date Processed: _____ Date Imaged: _____	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1000 Griffith Ave Terrell TX 75160</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(903) 288-6597</u>		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>7 / 15 / 2019</u> THROUGH <u>1 / 15 / 2020</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>3 / 3 / 2020</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Kaufman County Constable Pct. 3</u>	13 OFFICE SOUGHT (if known)	

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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.

COMMITTEE TYPE
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

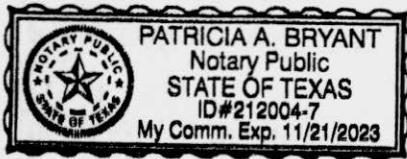
COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 1777.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2800.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3298.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1278.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Keith Stephens, this the 14th day of January, 2020, to certify which, witness my hand and seal of office.

Patricia A. Bryant PATRICIA A. BRYANT 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: 4

2 FILER NAME

Keith W Stephens

3 Filer ID (Ethics Commission Filers)

4 Date

7.25.2019

5 Full name of contributor out-of-state PAC (ID#: _____)

Cecil Cathey

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address; City; State; Zip Code

4229 Wayfaring St. Mesquite TX 75150

8 Principal occupation / Job title (See Instructions)

Law Enforcement

9 Employer (See Instructions)

Kaufman County

Date

9-18-2019

Full name of contributor out-of-state PAC (ID#: _____)

Vicky Bunch

Amount of contribution (\$)

\$ 1000.00

Contributor address; City; State; Zip Code

142 Lexington Dr. Terrell TX 75160

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self

Date

10.22.2019

Full name of contributor out-of-state PAC (ID#: _____)

Ron Jones

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

PO Box 542 Terrell TX 75160

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10.22.2019

Full name of contributor out-of-state PAC (ID#: _____)

CJ Oldaker

Amount of contribution (\$)

\$ 100.00

Contributor address; City; State; Zip Code

12377 FM 2728 Terrell TX 75161

Principal occupation / Job title (See Instructions)

Retired

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4</u>
2 FILER NAME <u>Keith W Stephens</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>10.22.2019</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>DON ARCHER</u>	7 Amount of contribution (\$) <u>\$ 100.00</u>
6 Contributor address; City; State; Zip Code <u>1105 MAIN ST TERRELL TX 75160</u>		
8 Principal occupation / Job title (See Instructions) <u>Retired</u>		9 Employer (See Instructions)
Date <u>10.22.2019</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>James Christian Davis</u>	Amount of contribution (\$) <u>\$ 100.00</u>
Contributor address; City; State; Zip Code <u>PO BOX 239 ELMO TX 75118</u>		
Principal occupation / Job title (See Instructions) <u>Law Enforcement</u>		Employer (See Instructions) <u>Retired</u>
Date <u>10.22.2019</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jeff Baska</u>	Amount of contribution (\$) <u>\$ 100.00</u>
Contributor address; City; State; Zip Code <u>116734 CR 345 Terrell TX 75161</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>10.22.2019</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Terry Barber</u>	Amount of contribution (\$) <u>\$ 100.00</u>
Contributor address; City; State; Zip Code <u>PO BOX 280 ELMO TX 75119</u>		
Principal occupation / Job title (See Instructions) <u>County Com</u>		Employer (See Instructions) <u>Kaufman County</u>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4</u>
2 FILER NAME <u>Keith W Stephens</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>10-22-19</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>J. Terry Stevens</u> 6 Contributor address; City; State; Zip Code <u>9811 CR 346 Terrell TX 75161</u>	7 Amount of contribution (\$) <u>\$ 100.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <u>Retired</u>
Date <u>10-22-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Craig Akin</u> Contributor address; City; State; Zip Code <u>9590 CR 356 Terrell TX 75161</u>	Amount of contribution (\$) <u>\$ 200.00</u>
Principal occupation / Job title (See Instructions) <u>RANCHER</u>		Employer (See Instructions) <u>Self</u>
Date <u>10-22-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Henry C. Shepard</u> Contributor address; City; State; Zip Code <u>PO BOX 279 Elmo TX 75118</u>	Amount of contribution (\$) <u>\$ 250.00</u>
Principal occupation / Job title (See Instructions) <u>RANCHER</u>		Employer (See Instructions) <u>Self</u>
Date <u>10-22-19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Shane Richardson</u> Contributor address; City; State; Zip Code <u>116 Oak Dr. Terrell TX 75160</u>	Amount of contribution (\$) <u>50.00</u>
Principal occupation / Job title (See Instructions) <u>GRAS Mechanics</u>		Employer (See Instructions) <u>ATMOS</u>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>4</u>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>James Kemp</u>	7 Amount of contribution (\$) <u>\$ 50.00</u>
<u>10.22.2019</u>	6 Contributor address; City; State; Zip Code <u>PO. Box 100 Elmo Tx 75118</u>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <u>retired</u>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John Walker</u>	Amount of contribution (\$) <u>\$ 250.00</u>
<u>10.30.2019</u>	Contributor address; City; State; Zip Code <u>15374 Fm 2728 Terrell Tx 75161</u>	
Principal occupation / Job title (See Instructions) <u>Construction</u>		Employer (See Instructions) <u>Retired</u>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Cecil Cathey</u>	Amount of contribution (\$) <u>\$ 200.00</u>
<u>1.2.2020</u>	Contributor address; City; State; Zip Code <u>4229 Wayfaring st Mesquite Tx 75150</u>	
Principal occupation / Job title (See Instructions) <u>Law Enforcement</u>		Employer (See Instructions) <u>Retired</u>
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)

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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:	2 FILER NAME <i>Keith W Stephens</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7-15-2019</i> <i>1-15-2020</i>	5 Payee name <i>AMERICAN NATIONAL BANK</i>	
6 Amount (\$) <i>\$ 24.75</i>	7 Payee address; <i>PO BOX 40 TERRELL TX 75160</i>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Service Fee</i>	(b) Description <i>BANK FEE</i>
	(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 <i>Keith W Stephens</i>	Office sought Office held <i>Constable Pet 3</i>
Date <i>9.24.2019</i>	Payee name <i>Briana Skinner</i>	
Amount (\$) <i>\$ 500.00</i>	Payee address; <i>1091 CR 279 Kaufman TX 75160</i>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>T-shirts</i>
	<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 <i>Keith W Stephens</i>	Office sought Office held <i>Constable Pet 3</i>
Date <i>10.22.2019</i>	Payee name <i>The UPS Store</i>	
Amount (\$) <i>\$ 35.98</i>	Payee address; <i>750 E U.S. Hwy 90 Suite 200 Forney TX 75126</i>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Flyers</i>
	<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 <i>Keith W Stephens</i>	Office sought Office held <i>Constable Pet 3</i>

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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			

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1 Total pages Schedule F1:	2 FILER NAME Keith W. Stephens	3 Filer ID (Ethics Commission Filers)
4 Date 10.22.2019	5 Payee name Trinity Concessions	
6 Amount (\$) \$ 160.23	7 Payee address; City; State; Zip Code 615 E MOORE AVE Terrell TX 75160	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraiser	(b) Description Event Expense
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Keith W Stephens	Office sought Constable Prec 3
Date 10.29.2019	Payee name Rentro Industries	
Amount (\$) \$ 75.78	Payee address; City; State; Zip Code 102 Metro Dr. Terrell TX 75160	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description 4x8 signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Keith W. Stephens	Office held Yes
Date 11.13.2019	Payee name Kaufman County Republican Party	
Amount (\$) \$ 375.00	Payee address; City; State; Zip Code Kaufman County Kaufman TX 75142	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Filing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Keith W Stephens	Office held Yes

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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:	2 FILER NAME Keith W Stephens	3 Filer ID (Ethics Commission Filers)
4 Date 12-30-2019	5 Payee name Renfro Industries	
6 Amount (\$) \$2127.11	7 Payee address; City; State; Zip Code 102 Metro Dr. Terrell TX 75160	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs
	(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 Keith W Stephens	Office sought Yes
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Office sought
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Office sought

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