PS=115124

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			######################################			
The C/OH Instruction (Guide explains hov	w to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Stephen		мі М	OFFICE	USEONLY
NAME	NICKNAME	Clayton		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	2631 Rive	x; APT / SUITE #; C rcrest Drive Shern	city; state; nan TX	ZIP CODE		
Change of Address		W. 1914 (1917)				
5 CANDIDATE/ OFFICEHOLDER PHONE	(512)	PHONE NUMBER 818-7616	EXTENS	HON		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Barbara		MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	•••••	SUFFIX	Date Processed	
		Speer		SUFFIX	Date Imaged	
7 CAMPAIGN	1	(NO PO BOX PLEASE); APT / SL			STATE;	ZIP CODE
TREASURER ADDRESS	2801 Mead	dows Circle	She	erman	TX	75092
(Residence or Business)						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENS	ION		
TREASURER PHONE	(512)	419-8253				
9 REPORT TYPE	January 15	30th day before ele	lection Run	noff	15th day afi treasurer ap (Officeholde	
	July 15	8th day before elec	CHOII }	ceeded Modified porting Limit	r	t (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	9
COVERED	04	/ 25 / 24	THROUGH	07	/ 01 / 24	
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	05 / 04 /	Z4 General	Special			
12 OFFICE	OFFICE HELD (if any)			SOUGHT (if known) an ISD Sch	nool Board Pl	ace 2
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS			
		GO TO F	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Stephen M Clayto	n	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.0 <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 470.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 9.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* O. O O
	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
100	parison to so reported by the direct time to, Election edge.	
	1	THE COLUMN AND ADDRESS AND ADD
	Signature of Car	ndidate or Officeholder
	Places complete either ention below	
	Please complete either option below	•
(1) Affidavit		
(1) Affidavit	RHONDA LUCKETT Notary Public, State of Texas	
NOTARY STAMP/SEA	My Commission Expires	
	before me by Stephen M. Clayton this the	1st T
	· ·	day of July,
20 24, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is		·
		ate) (zip code) (country)
Executed in	County, State of , on the day of(month)	, 20 (year)
	Signature of Candida	ate/Officeholder (Declarant)

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/N The Instruction Guide explains how to c	vages/Contract Labor complete this form.	Other (enter a cat	egory not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Stephen M Clayton	3 Filer ID (Eth	nics Commission Filers)			
4 Date 04/25/24	5 Payee name Michael's					
6 Amount (\$) 21.63	7 Payee address; City; State; Zip Code 3710 Town Center Street Sherman, TX 75090					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expenses	ises				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder liv	ving expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
04/29/24	In Good Party					
Amount (\$) 27.18	Payee address; 1288 Lago Vista Drive Beverly Hills	city; s, CA 90210	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description Voter Rolls				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			ring expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
04/29/24	Office Depot					
Amount (\$) 35.67	Payee address; 4015 N Highway 75	^{City;} Sherman	State; TX	Zip Code 75090		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Supplies for	Signs			
	Check if travel outside of Texas. Complete Schedule T.	TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District Other (enter a category not listed above)

	The Instruction Guide explains how to o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Stephen M Clayton		3 Filer ID (Ethics Commission Filers)	
4 Date 05/15/24	5 Payee name GODADDY.com			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
18.11	2155 E GoDaddy Way Tempe, AZ 8	5284		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Website		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name	48 WARRING TO THE TOTAL TO TH		
06/17/24	GODADDY.com			
Amount (\$)	Payee address;	City;	State; Zip Code	
18.11	2155 E GoDaddy Way Tempe, AZ 85	5284		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Website		
OF EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH	ı			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Bv Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Stephen M Clayton 4 Date 5 Payee name 04/30/24 Duarte + Duarte **6** Amount (\$) 7 Payee address; City; State; Zip Code 1209 Marlborough St Sherman, TX 75092 135.31 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Website Maintenance Advertising Expenses **PURPOSE** EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 05/03/24 Michael's Amount (\$) Payee address; State; Zip Code 3710 Town Center Street Sherman, TX 75090 19.46 Description Category (See Categories listed at the top of this schedule) **Event Supplies PURPOSE Event Expense EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Date Payee name 05/03/24 In Good Party Amount (\$) Payee address; Zip Code State: 1288 Lago Vista Drive Beverly Hills, CA 90210 194.96 Category (See Categories listed at the top of this schedule) Description Polling Expense Voter Rolls **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED