

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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Robert</i>	MI <i>S.</i>	OFFICE USE ONLY Date Received MAR 24 '25 PM 2:43	
	NICKNAME <i>Steve</i>	LAST <i>BROWN</i>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; 	APT / SUITE #;	CITY; <i>Odessa Texas</i>	STATE; <i>TX</i>	ZIP CODE <i>79744</i>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(432)</i>	PHONE NUMBER <i>770 5226</i>	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Wayne</i>	MI <i>Byrd</i>	Receipt # Amount \$	
	NICKNAME	LAST	SUFFIX	Date Processed	
Date Imaged			Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 		APT / SUITE #;	CITY; <i>Odessa</i>	STATE; <i>TX</i>
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(432)</i>	PHONE NUMBER <i>557-2099</i>	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 <i>1 / 15 / 2025</i> THROUGH <i>3 / 19 / 2025</i>				
11 ELECTION	ELECTION DATE Month Day Year <i>05 / 03 / 2025</i>		ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special		
12 OFFICE	OFFICE HELD (if any) <i>LCISD District 5, Board of Trustees</i>		13 OFFICE SOUGHT (if known) <i>JAM</i>		
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	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			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

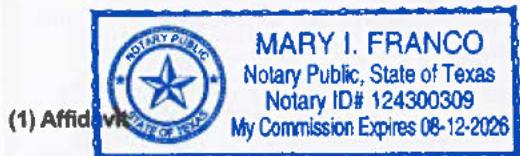
FORM C/OH
COVER SHEET PG 2

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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 1675.17
	4. TOTAL POLITICAL EXPENDITURES	\$ 1675.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

X Steve Brown
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Steve Brown this the 24th day of March, 2025, to certify which, witness my hand and seal of office.

Mary I. Franco Mary I. Franco Notary Public
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)



2628 N Marco Ave
Odessa, TX 79762-9721 USA
+1 4325500042
Sales@VitalSigns.Design
www.VitalSigns.Design

BILL TO
Brown, Steve

INVOICE # SV30776
DATE 03/19/2025
DUE DATE 03/19/2025
TERMS Due on receipt

JOB NUMBER
SV30776

ORDERED BY
Steve Brown

DESCRIPTION	QTY	RATE	AMOUNT
1,000 - 2" x 3.5" Standard Business Cards / 16 PT Paper Stock / Matte / Re-Elect	1	60.00	60.00T
14" x 22" Fold-Over Posters / Blue & Red Imprint	250	5.15	1,287.50T
Steel Wire Sign Frames	100	2.00	200.00T

We accept credit cards, ACH, cash or checks for payment.

When applicable, installations and service of electrical signs will be performed exclusively by ABA Sign Service & Repair (TSCL 18531 / MSL 7331) 3701 N County Rd 1130, Midland, TX 79705 / 432-661-0726

SUBTOTAL 1,547.50
TAX 127.67
TOTAL 1,675.17
BALANCE DUE **\$1,675.17**

Regulated by the Texas Department of Licensing and Regulation, P.O.
Box 12157, Austin, TX 79711, 1-800-803-9202 or 512-463-6599;
website: www.license.state.tx.us/complaints

PAID
☐ CASH ☐ CHECK ☐ CREDIT
Memo _____