CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages f	iled: 2		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr.	FIRST Stephen	м: А	OFFICE	USEONLY		
NAME	NICKNAME	LAST	SUFFIX	Date Received	·		
	Steve	Simonsen	SOFFIX				
4 CANDIDATE /	ADDRESS / PO BOX		CITY; STATE; ZIP CODE	1			
OFFICEHOLDER MAILING ADDRESS	1	, Mentone, Texas 7		-			
Change of Address							
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivere	d or Date Postmarked		
PHONE	(432)	488-8380			3		
6 CAMPAIGN	MS / MRS / MR	FIRST	МІ	Receipt #	Amount \$		
TREASURER NAME	Mrs. Jill			Date Processed			
	NICKNAME	LAST	SUFFIX	Date Imaged			
		Simonsen		•			
7 CAMPAIGN		(NO PO BOX PLEASE); APT / S		STATE,	ZIP COOE		
TREASURER ADDRESS	P.O. Box 12	8, Mentone, Texas	79754				
(Residence or Business)							
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION				
TREASURER PHONE	(432) 488-8380						
THORE	(432)	400-0300					
9 REPORT TYPE	January 15	30th day before	election Runoff		ifter campa i gn appointment er Only)		
	July 15	8th day before el	ection Exceeded Modified Reporting Limit		ort (Altach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year	Month	Day Yea			
COVERED	7/1/24 THROUGH (2/31/24						
11 ELECTION	ELECTION DATE ELE						
	Month Day Year Primery Runoff . Other						
		General	Description Special				
	11/5/	7 4 9 1					
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)						
	Loving County Attorney						
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 TR	EASURER NAME				
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS				
		ദവ സ	PAGE 2				

CAMPAIGN FINANCE FOR CAMPAIGN FINANCE

FORM C/OH

16 C/OH NAME			COVER	
Stephen Simonsen		16	Filer ID (Ethi	cs Commission Filers
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRI PLEDGES, LOANS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICAL	1.041/0.00	\$	0.0
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GU	ARANTEES OF LOANS)	\$	0.0
	3. TOTAL UNITEMIZED POLITICAL EXPENDI	TURE.	\$	0.0
	4. TOTAL POLITICAL EXPENDITURES		\$	0.0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	TAINED AS OF THE LAST DA	(Y \$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTS LAST DAY OF THE REPORTING PERIOD	TANDING LOANS AS OF THE	\$	0.00
,	uired to be reported by me under Title 15, Election Code	- ДАГ _		
	Please complete eith	Signature of Candida	ate or Officeho	older
) Affidavit	Please complete eith		ite or Officeho	older
	pefore me by			
NOTARY STAMP/SEAL worn to and subscribed to	pefore me by which, witness my hand and seal of office.	er option below: this the	day of _	
NOTARY STAMP/SEAL	pefore me by	er option below: this the	day of _	
NOTARY STAMP/SEAL worn to and subscribed to to certify wordsture of officer administers	pefore me by	er option below: this the	day of _	
NOTARY STAMP/SEAL worn to and subscribed to to certify worn to	Defore me by	er option below: this the	day of Title of office	
NOTARY STAMP/SEAL worn to and subscribed to, to certify worn gnature of officer administers to the control of the contr	Defore me by	this the	day of Title of office	