

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	2 Total pages filed: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Stephen MI NICKNAME LAST Dinger SUFFIX	OFFICE USE ONLY RECEIVED - City Of Tyler Date Received JAN 11 2024	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 7773 Tyler, TX 75711	ZIP CODE	Date Hand-delivered or Date Postmarked City Manager's Office Receipt # Amount Date Processed Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Gary MI NICKNAME LAST Olive SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2801 Wexford Dr. Tyler, TX 75709		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (936) 443-1110		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 07/01/2023 THROUGH 12/31/2023		
10 ELECTION	ELECTION DATE Month Day Year 05/04/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input checked="" type="checkbox"/> Other Tyler City Council May 4th Election	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Tyler City Council District 2	

GO TO PAGE 2

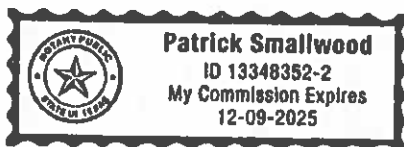
CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 15

13 C / OH NAME Dinger, Stephen		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL		
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,350.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 12,366.58
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,677.78
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,500.00

17 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.

Stephen E. Dinger
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said STEPHEN E. DINGER, this the 11th day of JANUARY, 20 24, to certify which, witness my hand and seal of office.

Patrick Smallwood
Signature of officer administering

PATRICK SMALLWOOD
Printed name of officer administering

NOTARY
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3
3 of 15

18 FILER NAME Dinger, Stephen		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,350.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 12,366.58
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 1/5 Rpt: 4/15

2 FILER NAME
Dinger, Stephen

3 Filer ID

4 Date
11/06/2023

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Allen, Cori
6 Contributor address; City; State; Zip Code
7413 Cross Road
Tyler, TX 75703

7 Amount of Contribution (\$)
\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)
Epic Office Solutions

Date
11/06/2023

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Ball, Jessica
Contributor address; City; State; Zip Code
7527 Northlake Dr.
Tyler, TX 75703

Amount of Contribution (\$)
\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/25/2023

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Boone, Chris
Contributor address; City; State; Zip Code
135 Cedar Woods Cove
Madison, MS 39110

Amount of Contribution (\$)
\$500.00

Principal occupation / Job title (See Instructions)
Insurance Broker

Employer (See Instructions)
Cadence Insurance

Date
11/06/2023

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Cavender, McClain
Contributor address; City; State; Zip Code
7748 Cross Road
Tyler, TX 75703

Amount of Contribution (\$)
\$350.00

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date
09/20/2023

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Hamilton, Lynn
Contributor address; City; State; Zip Code
17423 Pinecreek Hollow Ln.
Houston, TX 77094

Amount of Contribution (\$)
\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/15
2 FILER NAME Dinger, Stephen		3 Filer ID
4 Date 11/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heaton, Steuart 6 Contributor address; City; State; Zip Code 4353 Mark Hayes Ct. Tyler, TX 75709	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hersey, William Contributor address; City; State; Zip Code 802 W Ferguson St. Tyler, TX 75702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) West Oak
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hibbs, Billy Contributor address; City; State; Zip Code 520 Sherry Lane Tyler, TX 75701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Chairman/CEO		Employer (See Instructions) Heartland Security Insurance Group
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Jessica Contributor address; City; State; Zip Code 230 Silo Loop Fairhope, AL 36532	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Cadence Insurance
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javie's LLC Contributor address; City; State; Zip Code 7640 Crosswater Tyler, TX 75703	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/15
2 FILER NAME Dinger, Stephen		3 Filer ID
4 Date 08/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Aaron 6 Contributor address; City; State; Zip Code 3108 Pounds Ave. Tyler, TX 75701	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Grounds Manager		9 Employer (See Instructions) CRISTUS
Date 08/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinney, John Contributor address; City; State; Zip Code 2065 Stonegate Valley Dr. Tyler, TX 75703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Home Builder		Employer (See Instructions) McKinney Homes LLC
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Craig Contributor address; City; State; Zip Code 4844 Nicklaus Ct. Tyler, TX 75709	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Katy Contributor address; City; State; Zip Code 3020 Forest Trail Tyler, TX 75703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Kaila Contributor address; City; State; Zip Code 1424 Dueling Oaks Dr. Tyler, TX 75703	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Kaila Rice Therapy LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/15
2 FILER NAME Dinger, Stephen		3 Filer ID
4 Date 10/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roosth, Steven 6 Contributor address; City; State; Zip Code PO Box 8300 Tyler, TX 75711	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, Brad Contributor address; City; State; Zip Code 12510 CR 495 Tyler, TX 75706	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) CBG Root Construction LLC
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Root, Brad Contributor address; City; State; Zip Code 12510 CR 495 Tyler, TX 75706	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) CBG Root Construction LLC
Date 11/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shull, AE Contributor address; City; State; Zip Code 7028 Calumet Dr. Tyler, TX 75703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, JB Contributor address; City; State; Zip Code 7248 Crosswater Tyler, TX 75703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 5/5 Rpt: 8/15

2 FILER NAME

Dinger, Stephen

3 Filer ID

4 Date

11/20/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tarry, Radford

7 Amount of Contribution (\$)

\$200.00

6 Contributor address; City; State; Zip Code

3667 Bentridge Ct.

Tyler, TX 75707

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/06/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Weissmann, Eric

Amount of Contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

7556 Northlake Dr.

Tyler, TX 75703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/06/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Williams, Scott

Amount of Contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

7640 Crosswater

Tyler, TX 75703

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

FD's Grillhouse

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 9/15	
2 FILER NAME Dinger, Stephen		3 Filer ID	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 08/17/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinger, Stephen		9 Loan Amount (\$) \$5,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code PO Box 7773 Tyler, TX 75711		10 Interest Rate
			11 Maturity Date
12 Principal occupation / Job title (See Instructions) Risk Advisor		13 Employer (See Instructions) Cadence Insurance	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 complete this form.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 10/15	2 FILER NAME Dinger, Stephen	3 Filer ID
4 Date 08/10/2023	5 Payee name Anedot	
6 Amount (\$) \$10.30	7 Payee address; City; State; Zip Code 1340 Poydras St Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fees
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 08/29/2023	Candidate/Officeholder name	Office sought
Amount (\$) \$4.30	Payee name Anedot	Office held
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fees
Complete ONLY if direct expenditure to benefit C/OH		
Date 09/01/2023	Candidate/Officeholder name	Office sought
Amount (\$) \$14.60	Payee name Anedot	Office held
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fees
Complete ONLY if direct expenditure to benefit C/OH		
Date 09/01/2023	Candidate/Officeholder name	Office sought
Amount (\$) \$14.60	Payee name Anedot	Office held
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fees
Complete ONLY if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 complete this form.

1 Total pages Schedule F1: Sch: 2/6 Rpt: 11/15		2 FILER NAME Dinger, Stephen		3 Filer ID	
4 Date 09/19/2023		5 Payee name Anedot			
6 Amount (\$) \$20.30		7 Payee address; City; State; Zip Code 1340 Poydras St Suite 1770 New Orleans, LA 70112			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fees	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/27/2023		Payee name Anedot			
Amount (\$) \$20.30		Payee address; City; State; Zip Code 1340 Poydras St Suite 1770 New Orleans, LA 70112			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/08/2023		Payee name Anedot			
Amount (\$) \$65.20		Payee address; City; State; Zip Code 1340 Poydras St Suite 1770 New Orleans, LA 70112			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fees	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 complete this form.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 12/15	2 FILER NAME Dinger, Stephen	3 Filer ID
4 Date 11/10/2023	5 Payee name Anedot	
6 Amount (\$) \$18.60	7 Payee address; City; State; Zip Code 1340 Poydras St Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2023	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras St Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/24/2023	Payee name CWJ Strategies	
Amount (\$) \$819.68	Payee address; City; State; Zip Code 314 S Broadway Ave Tyler, TX 75702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 complete this form.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 13/15		2 FILER NAME Dinger, Stephen		3 Filer ID	
4 Date 08/21/2023		5 Payee name CWJ Strategies			
6 Amount (\$) \$3,977.73		7 Payee address; City; State; Zip Code 314 S Broadway Ave Tyler, TX 75702			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/21/2023		Payee name CWJ Strategies			
Amount (\$) \$3,399.68		Payee address; City; State; Zip Code 314 S Broadway Ave Tyler, TX 75702			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/24/2023		Payee name CWJ Strategies			
Amount (\$) \$1,007.68		Payee address; City; State; Zip Code 314 S Broadway Ave Tyler, TX 75702			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 complete this form.

1 Total pages Schedule F1: Sch: 5/6 Rpt: 14/15	2 FILER NAME Dinger, Stephen	3 Filer ID
4 Date 11/20/2023	5 Payee name CWJ Strategies	
6 Amount (\$) \$1,538.58	7 Payee address; City; State; Zip Code 314 S Broadway Ave Tyler, TX 75702	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2023	Payee name Fresh	
Amount (\$) \$189.44	Payee address; City; State; Zip Code 6991 Old Jacksonville Hwy Tyler, TX 75703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2023	Payee name Javi's	
Amount (\$) \$1,077.89	Payee address; City; State; Zip Code 7212 Old Jacksonville Hwy Tyler, TX 75703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 complete this form.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 15/15	2 FILER NAME Dinger, Stephen	3 Filer ID
4 Date 10/23/2023	5 Payee name Office Max	
6 Amount (\$) \$198.00	7 Payee address; City; State; Zip Code 5361 S Broadway Ave. Tyler, TX 75703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held