

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: 17
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Stephen	MI
	NICKNAME	LAST Dinger	SUFFIX
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
	RECEIVED - City Of Tyler APR 2 2024		Date Hand-delivered or Date Postmarked
	City Manager's Office		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
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/2024 03/25/2024		
10 ELECTION	ELECTION DATE Month Day Year 05/04/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special 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 17**13 C / OH NAME** Dinger, Stephen**14 Filer ID****15 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****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) \$ 8,875.00

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 0.00

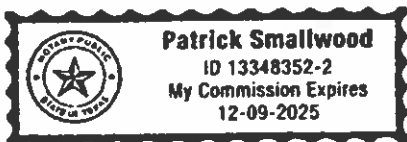
4. TOTAL POLITICAL EXPENDITURES \$ 6,775.09

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 4,777.69

**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 2nd day of APRIL, 20 24, to certify which, witness my hand and seal of office.
Signature of officer administeringPATRICK SMALLWOOD
Printed name of officer administeringNOTARY
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 17

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 | \$ 8,875.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 6,775.09 |
| 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: 1/6 Rpt: 4/17
2 FILER NAME Dinger, Stephen		3 Filer ID
4 Date 02/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Cori 6 Contributor address; City; State; Zip Code 7413 Cross Rd. Tyler, TX 75703	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Epic Office Solutions
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavender, Joe Contributor address; City; State; Zip Code 7409 Cross Rd. Tyler, TX 75703	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Cavender's
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavender, McClain Contributor address; City; State; Zip Code 7335 Cross Rd. Tyler, TX 75703	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conaway, Grant Contributor address; City; State; Zip Code 702 Jeffery Dr. Tyler, TX 75703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Tarry Title
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finch, Audrey Contributor address; City; State; Zip Code 3017 Forest Trail Tyler, TX 75703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Aesthetic Nurse Injector		Employer (See Instructions) Augustus Aesthetics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/17
2 FILER NAME Dinger, Stephen		3 Filer ID
4 Date 01/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbs, Marissa	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 16032 Hollister St. Houston, TX 77066	
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Capital Abrasives LLC
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glover, Adam	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code 6117 Wilderness Rd. Tyler, TX 75703	
Principal occupation / Job title (See Instructions) Oil & Gas Engineer		Employer (See Instructions) Jasper
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heaton, Travis	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 3806 Brookside Dr. Tyler, TX 75701	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Heaton Dental
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hene, Sarah	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 7310 Winterberry Cove Tyler, TX 75703	
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Findlay Craft
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henson, Josh	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2085 Tahoka Lane Heath, TX 75126	
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Gallagher

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 3/6 Rpt: 6/17

2 FILER NAME

Dinger, Stephen

3 Filer ID

4 Date

03/06/2024

5 Full name of contributor

Kaminski, Peyton

☐ out-of-state PAC (ID#: _____)

7 Amount of Contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

6987 Canal

Tyler, TX 75703

8 Principal occupation / Job title (See Instructions)

Homemaker

9 Employer (See Instructions)

Homemaker

Date

01/26/2024

Full name of contributor

Kent, Jarad

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

6223 Bedford Dr.

Tyler, TX 75703

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Wilson Elser

Date

02/28/2024

Full name of contributor

Kurtz, David

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

7248 Crosswater

Tyler, TX 75703

Principal occupation / Job title (See Instructions)

Broker Owner

Employer (See Instructions)

Dwell Realty

Date

03/15/2024

Full name of contributor

Kwiatek, Sean

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

10113 CR 1215

Flint, TX 75762

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

Canfield Construction Management

Date

02/15/2024

Full name of contributor

LaFour, Gary

☐ out-of-state PAC (ID#: _____)

Amount of Contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

6227 Ashton way

Nacogdoches, TX 75965

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch. 4/6 Rpt: 7/17
2 FILER NAME Dinger, Stephen		3 Filer ID
4 Date 03/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeBlanc, Andrew 6 Contributor address; City; State; Zip Code 1572 Maple Circle Tyler, TX 75703	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Radiologist		9 Employer (See Instructions) Tyler Radiology Associates
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Markham Contributor address; City; State; Zip Code 7132 Moniteau Ct. Baton Rouge, LA 70809	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Cadence Insurance
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noteware, Daniel Contributor address; City; State; Zip Code 1626 Dennis Dr. Tyler, TX 75701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Dutch Contributor address; City; State; Zip Code 1905 W 14th St. Houston, TX 77008	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Dutch Phillips
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Matthew Contributor address; City; State; Zip Code 2809 Valley View St. Tyler, TX 75701	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Regional Manager		Employer (See Instructions) Greater Texas Capital Corporation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/17
2 FILER NAME Dinger, Stephen		3 Filer ID
4 Date 03/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Reynolds, Katy 6 Contributor address; City; State; Zip Code 3020 Forest Trail Tyler, TX 75703	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/28/2024	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) LPC		Employer (See Instructions) Self
Date 03/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tarry, Micah Contributor address; City; State; Zip Code 1521 S Chilton Ave. Tyler, TX 75701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Tarry & Hene
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tutt, Chris Contributor address; City; State; Zip Code 4075 Stonegate Blvd. Tyler, TX 75703	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Pine Creek Dental
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Weissman, Emily Contributor address; City; State; Zip Code 7556 Northlake Dr. Tyler, TX 75703	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/17
2 FILER NAME Dinger, Stephen		3 Filer ID
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werner, Michael	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code 1619 ColdWater Dr. Tyler, TX 75703	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Werner-Taylor Land & Development

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: 1/8 Rpt: 10/17		2 FILER NAME Dinger, Stephen		3 Filer ID	
4 Date 03/22/2024		5 Payee name All American Party & Tent Rentals			
6 Amount (\$) \$29.14		7 Payee address; City; State; Zip Code 4917 Old Jacksonville Hwy. Tyler, TX 75703			
8 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 Table Rentals	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 01/25/2024		Payee name Anedot			
Amount (\$) \$32.90		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 01/30/2024		Payee name Anedot			
Amount (\$) \$10.30		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	

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: 2/8 Rpt: 11/17	2 FILER NAME Dinger, Stephen	3 Filer ID
4 Date 02/08/2024	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	Candidate/Officeholder name	Office sought Office held
Date 02/14/2024	Payee name Anedot	
Amount (\$) \$5.30	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 02/21/2024	Payee name Anedot	
Amount (\$) \$90.90	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: 3/8 Rpt: 12/17		2 FILER NAME Dinger, Stephen		3 Filer ID	
4 Date 02/27/2024		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 03/01/2024		Payee name Anedot			
Amount (\$) \$88.40		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 03/07/2024		Payee name Anedot			
Amount (\$) \$10.30		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	

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: 4/8 Rpt: 13/17		2 FILER NAME Dinger, Stephen		3 Filer ID	
4 Date 03/11/2024		5 Payee name Anedot			
6 Amount (\$) \$34.90		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 03/15/2024		Payee name Anedot			
Amount (\$) \$10.30		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 03/19/2024		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	

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: 5/8 Rpt: 14/17	2 FILER NAME Dinger, Stephen	3 Filer ID
4 Date 03/21/2024	5 Payee name Anedot	
6 Amount (\$) \$4.30	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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/27/2024	Candidate/Officeholder name Brands and Threads	
Amount (\$) \$199.15	Office sought Office held	
Purpose of Expenditure	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-Shirts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/02/2024	Candidate/Officeholder name CWJ Strategies	
Amount (\$) \$1,114.97	Office sought Office held	
Purpose of Expenditure	Category (See Categories listed at the top of this schedule) Consulting Expense	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, Advertising Services, Software
Complete <u>ONLY</u> 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: 6/8 Rpt: 15/17	2 FILER NAME Dinger, Stephen	3 Filer ID
4 Date 01/17/2024	5 Payee name CWJ Strategies	
6 Amount (\$) \$1,078.31	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, Software
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 02/16/2024	Candidate/Officeholder name CWJ Strategies	
Amount (\$) \$2,062.97	Office sought 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, Yard Signs, Software
Complete ONLY if direct expenditure to benefit C/OH		
Date 02/06/2024	Candidate/Officeholder name Fire Hibachi & Sushi Catering	
Amount (\$) \$206.10	Office sought 314 Clemson Dr. 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 Food Deposit
Complete ONLY if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)
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: 7/8 Rpt: 16/17		2 FILER NAME Dinger, Stephen		3 Filer ID
4 Date 03/22/2024		5 Payee name Fire Hibachi & Sushi Catering		
6 Amount (\$) \$612.56		7 Payee address; City; State; Zip Code 314 Clemson Dr. Tyler, TX 75703		
8 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 Food for Event		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 03/25/2024		Payee name Fire Hibachi & Sushi Catering		
Amount (\$) \$882.00		Payee address; City; State; Zip Code 314 Clemson Dr. 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 Food for Event		
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 02/29/2024		Payee name Tractor Supply		
Amount (\$) \$11.24		Payee address; City; State; Zip Code 3509 Robertson Rd. Tyler, TX 75701		
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 Sign Supplies		
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: 8/8 Rpt: 17/17		2 FILER NAME Dinger, Stephen		3 Filer ID	
4 Date 03/18/2024		5 Payee name Walgreens			
6 Amount (\$) \$14.60		7 Payee address; City; State; Zip Code 1620 S Broadway Ave. Tyler, TX 75701			
8 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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 03/19/2024		Payee name Walmart			
Amount (\$) \$241.55		Payee address; City; State; Zip Code 6801 S Broadway Ave. 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	