

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 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Stephen NICKNAME LAST Dinger SUFFIX	MI	OFFICE USE ONLY RECEIVED - City Of Tyler APR 25 2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, 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 NICKNAME LAST Olive SUFFIX	MI	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), 2801 Wexford Dr. Tyler, TX 75709	APT / SUITE #, CITY, STATE, ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE (936) 443-1110	PHONE NUMBER EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 03/26/2024 THROUGH Month Day Year 04/24/2024		
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	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
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13 C / OH NAME Dinger, Stephen	14 Filer ID
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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 <input type="checkbox"/> GENERAL <input type="checkbox"/> 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)	\$ 1,700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,230.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,247.17
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 25th day of APRIL, 20 24, to certify which, witness my hand and seal of office.



Signature of officer administering

PATRICK SMALLWOOD
Printed name of officer administering

NOTARY PUBLIC
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

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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	\$ 1,700.00
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	\$ 4,230.52
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: 1/2 Rpt. 4/8

2 FILER NAME

Dinger, Stephen

3 Filer ID

4 Date

04/01/2024

5 Full name of contributor

Beers, Jeffrey

☐ out-of-state PAC (ID# _____)

7 Amount of Contribution (\$)

\$100.00

6 Contributor address; City, State; Zip Code

1005 Stone Cottage Ln

McKinney, TX 75069

8 Principal occupation / Job title (See Instructions)

ER Doctor

9 Employer (See Instructions)

PEP

Date

04/09/2024

Full name of contributor

Lebwohl, Jason

☐ out-of-state PAC (ID# _____)

Amount of Contribution (\$)

\$150.00

Contributor address; City, State; Zip Code

5103 Koberlin St.

Tyler, TX 75703

Principal occupation / Job title (See Instructions)

Physician

Employer (See Instructions)

Hospitality Health ER

Date

03/26/2024

Full name of contributor

McArthur, Patrick

☐ out-of-state PAC (ID# _____)

Amount of Contribution (\$)

\$100.00

Contributor address; City, State; Zip Code

2116 Holly Creek Dr.

Tyler, TX 75703

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

03/26/2024

Full name of contributor

Rawson, Jeffrey

☐ out-of-state PAC (ID# _____)

Amount of Contribution (\$)

\$1,000.00

Contributor address; City, State; Zip Code

2701 Kirby Dr.

Houston, TX 77098

Principal occupation / Job title (See Instructions)

Investments

Employer (See Instructions)

Merrick Capital Corporation

Date

04/01/2024

Full name of contributor

Rowland, John Michael

☐ out-of-state PAC (ID# _____)

Amount of Contribution (\$)

\$100.00

Contributor address; City, State; Zip Code

131 Lasalle Dr.

Bullard, TX 75757

Principal occupation / Job title (See Instructions)

Senior Vice President

Employer (See Instructions)

Origin Bank

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/8
2 FILER NAME Dinger, Stephen		3 Filer ID
4 Date 03/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Skylar, Roman	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 630 Brixworth Dr. Tyler, TX 75703	
8 Principal occupation / Job title (See Instructions) Emergency Physician		9 Employer (See Instructions) Roman Skylar MD Spa

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: 1/3 Rpt: 6/8	2 FILER NAME Dinger, Stephen	3 Filer ID
4 Date 03/27/2024	5 Payee name Anedot	
6 Amount (\$) \$44.60	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, off ceholder living expense Donation Fees
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 04/02/2024	Candidate/Officeholder name	Office sought
Amount (\$) \$10.30	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 04/04/2024	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 04/04/2024	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		

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: 2/3 Rpt: 7/8	2 FILER NAME Dinger, Stephen	3 Filer ID
4 Date 04/12/2024	5 Payee name Anedot	
6 Amount (\$) \$6.30	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	Candidate/Officeholder name	Office sought Office held
Date 03/26/2024	Payee name CWJ Strategies	
Amount (\$) \$1,329.33	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, Software, Blockwalking Management
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/23/2024	Payee name Home Depot	
Amount (\$) \$20.83	Payee address; City: State: Zip Code 3901 Old Jacksonville Hwy 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 <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: 3/3 Rpt: 8/8	2 FILER NAME Dinger, Stephen	3 Filer ID
4 Date 04/19/2024	5 Payee name Thomas Graphics	
6 Amount (\$) \$1,298.45	7 Payee address; City; State; Zip Code PO Box 142226 Austin, TX 78714	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Direct Mail Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/19/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1,471.46	Payee name Thomas Graphics Payee address; City; State; Zip Code PO Box 142226 Austin, TX 78714	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Direct Mail Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/27/2024	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$44.95	Payee name Tractor Supply 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 <u>ONLY</u> if direct expenditure to benefit C/OH		