

**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 | MI | OFFICE USE ONLY RECEIVED - City Of Tyler | | |
| | NICKNAME | LAST Dinger | SUFFIX | APR 25 2024 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX, APT / SUITE #, CITY, | | | ZIP CODE | Date Hand delivered or Date Postmarked City Manager's Office | |
| | Tyler, TX 75711 | | | | Receipt # <input type="text"/> Amount <input type="text"/> | |
| | | | | | Date Processed <input type="text"/> | |
| | | | | | Date Imaged <input type="text"/> | |
| 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): 2801 Wexford Dr. | | APT / SUITE #: | CITY: | STATE. ZIP CODE | |
| | | | | | | |
| | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (936) | PHONE NUMBER 443-1110 | 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 03/26/2024 | Day | Year | Month 04/24/2024 | Day | Year |
| | | | THROUGH | | | |
| 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

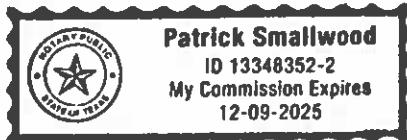
CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2
2 of 8

| | | | | | | | | | | | | | |
|---------------------------------------|--|--|-------------|----------------|----------------|----------------------------------|--|-----------------------------------|-------------------|--|-----------------------------------|--|--------------------------------------|
| 13 C / OH NAME | Dinger, Stephen | | 14 Filer ID | | | | | | | | | | |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | <p>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</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | | | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | | <input type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS | | COMMITTEE CAMPAIGN TREASURER NAME | | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| 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) | | \$ 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**

3 of 8

| | |
|---|-----------------|
| 18 FILER NAME | 19 Filer ID |
| Dinger, Stephen | |
| 20 SCHEDULE SUBTOTALS | SUBTOTAL AMOUNT |
| NAME OF SCHEDULE | |
| 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 6 Contributor address; City, State; Zip Code 1005 Stone Cottage Ln McKinney, TX 75069 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) ER Doctor | | 9 Employer (See Instructions) PEP |
| Date 04/09/2024 | Full name of contributor Lebwohl, Jason Contributor address; City; State; Zip Code 5103 Koberlin St. Tyler, TX 75703 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Physician | | Employer (See Instructions) Hospitality Health ER |
| Date 03/26/2024 | Full name of contributor McArthur, Patrick Contributor address; City; State; Zip Code 2116 Holly Creek Dr. Tyler, TX 75703 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 03/26/2024 | Full name of contributor Rawson, Jeffrey Contributor address; City; State; Zip Code 2701 Kirby Dr. Houston, TX 77098 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Investments | | Employer (See Instructions) Merrick Capital Corporation |
| Date 04/01/2024 | Full name of contributor Rowland, John Michael Contributor address; City; State; Zip Code 131 Lasalle Dr. Bullard, TX 75757 | Amount of Contribution (\$) \$100.00 |
| 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 Skylar, Roman 6 Contributor address; City; State; Zip Code 630 Brixworth Dr. Tyler, TX 75703 | 7 Amount of Contribution (\$) \$250.00 |
| 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; 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 04/02/2024 | Payee name Anedot | | |
| Amount (\$) \$10.30 | Payee address; City; 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 04/04/2024 | Payee name Anedot | | |
| Amount (\$) \$4.30 | Payee address; City; 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 <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: 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: 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
Parking 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; PO Box 142226 Austin, TX 78714 | State; Zip Code | |
| 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 | Candidate/Officeholder name | Office sought | Office held |
| Date 04/19/2024 | Payee name Thomas Graphics | | |
| Amount (\$) \$1,471.46 | Payee address; City; PO Box 142226 Austin, TX 78714 | State; Zip Code | |
| 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 | Candidate/Officeholder name | Office sought | Office held |
| Date 03/27/2024 | Payee name Tractor Supply | | |
| Amount (\$) \$44.95 | Payee address; City; 3509 Robertson Rd. Tyler, TX 75701 | State; Zip Code | |
| 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 |