

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 (Ethics Commission Filers)	2 Total pages filed		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Stuart</i>	MI	OFFICE USE ONLY		
	NICKNAME	LAST <i>Here</i>	SUFFIX	Date Received RECEIVED - City Of Tyler		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE			APR 21 2025		
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>705-1588</i>	EXTENSION	BoE Hand delivered or Date Postmarked City Manager's Office		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Ron</i>	MI	Receipt #		
	NICKNAME	LAST <i>Vickery</i>	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE			<i>7270 Commerce Ave, Suite A</i> <i>Tyler</i> <i>TX</i> <i>75703</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>504-5490</i>	EXTENSION			
9 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)					
10 PERIOD COVERED	Month <i>04</i>	Day <i>01</i>	Year <i>2025</i>	Month <i>04</i>	Day <i>21</i>	Year <i>2025</i>
11 ELECTION	ELECTION DATE Month Day Year <i>05/03/2025</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <i>Municipal Election</i>			
12 OFFICE	OFFICE HELD (if any) <i>Tyler City Council, District 1</i>		13 OFFICE SOUGHT (if known) <i>Tyler City Council, District 1</i>			
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

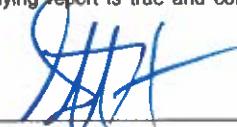
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u> </u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,175.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u> </u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2190</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>21,957.08</u>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</u>
OUTSTANDING LOAN TOTALS		

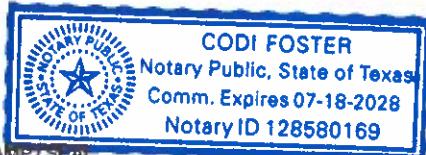
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Stuart Hene this the 21st day of April,

20 25, to certify which, witness my hand and seal of office.

Codi Foster

Codi Foster

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____, _____.

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,175.00
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 MADE FROM POLITICAL CONTRIBUTIONS	\$ 21.90
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:
2 FILER NAME <i>Stuart Hene</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>4/2/25 (received)</i>	5 Full name of contributor <i>Drake Real Estate and Investments</i>	<input type="checkbox"/> out-of-state PAC (ID#_____)		7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address: <i>11621 CR 146</i>	City: <i>Tyler</i>	State: <i>TX</i>	Zip Code <i>75703</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date <i>3/31/25</i>	Full name of contributor <i>James Noble</i>	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$) <i>\$100.00</i>
Contributor address: <i>519 W. 3rd St.</i>	City: <i>Tyler</i>	State: <i>TX</i>	Zip Code <i>75701</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>4/1/25</i>	Full name of contributor <i>Aaron Burks</i>	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$) <i>\$100.00</i>
Contributor address: <i>2329 Hidden Creek</i>	City: <i>Tyler</i>	State: <i>TX</i>	Zip Code <i>75703</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>4/2/25</i>	Full name of contributor <i>Robert Ryan Pettitt</i>	<input type="checkbox"/> out-of-state PAC (ID#_____)		Amount of contribution (\$) <i>\$250.00</i>
Contributor address: <i>1935 Raveneaux Ln</i>	City: <i>Tyler</i>	State: <i>TX</i>	Zip Code <i>75703</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A1:
<p>2 FILER NAME <i>Stuart Here</i></p>				3 Filer ID (Ethics Commission Filers)
4 Date <i>4/1/25</i>	5 Full name of contributor <i>Ashley Dietze</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)		7 Amount of contribution (\$) <i>\$500.00</i>
	6 Contributor address: <i>2209 Kymann Cr. - Tyler</i>	City:	State:	Zip Code
<p>8 Principal occupation / Job title (See Instructions)</p>			<p>9 Employer (See Instructions)</p>	
Date <i>4/1/25</i>	Full name of contributor <i>Zachary Sabota</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$) <i>\$100.00</i>
	Contributor address: <i>211 Belmead Ln. - Tyler</i>	City:	State:	Zip Code
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
Date <i>4/2/25</i>	Full name of contributor <i>Mathis Fender</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$) <i>\$25.00</i>
	Contributor address: <i>15212 CR 1130 - Flint</i>	City:	State:	Zip Code
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
Date <i>4/5/25</i>	Full name of contributor <i>Blake Thompson</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$) <i>\$500.00</i>
	Contributor address: <i>1464 Old Farm Rd. - Tyler</i>	City:	State:	Zip Code
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1:</p>
<p>2 FILER NAME</p> <p><i>Stuart Hene</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date</p> <p><i>4/14/25</i></p>	<p>5 Full name of contributor</p> <p><i>Steve Fitzpatrick</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID# _____)</p>		<p>7 Amount of contribution (\$)</p> <p><i>\$ 300.00</i></p>
	<p>6 Contributor address;</p> <p><i>10196 Sugar Creek Dr. Flat</i></p>	<p>City;</p> <p><i>TX</i></p>	<p>State;</p> <p><i>75762</i></p>	
<p>8 Principal occupation / Job title (See Instructions)</p>			<p>9 Employer (See Instructions)</p>	
<p>Date</p> <p><i>4/15/25</i></p>	<p>Full name of contributor</p> <p><i>Brandy Ziegler</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID# _____)</p>		<p>Amount of contribution (\$)</p> <p><i>\$ 500.00</i></p>
	<p>Contributor address;</p> <p><i>3236 Birch Ln.</i></p>	<p>City;</p> <p><i>TX</i></p>	<p>State;</p> <p><i>75704</i></p>	
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date</p> <p><i>4/18/25</i></p>	<p>Full name of contributor</p> <p><i>Mary Alice Gandy</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID# _____)</p>		<p>Amount of contribution (\$)</p> <p><i>\$ 100.00</i></p>
	<p>Contributor address;</p> <p><i>1305 Wimbledon Dr.</i></p>	<p>City;</p> <p><i>TX</i></p>	<p>State;</p> <p><i>75703</i></p>	
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date</p>	<p>Full name of contributor</p>	<p><input type="checkbox"/> out-of-state PAC (ID# _____)</p>		<p>Amount of contribution (\$)</p>
	<p>Contributor address;</p>	<p>City;</p>	<p>State;</p>	<p>Zip Code</p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Stuart Here</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/1/25</i>	5 Payee name <i>USPS</i>		
6 Amount (\$) <i>\$21.90</i>	7 Payee address; <i>2627 S. Broadway Ave.</i>	City: <i>Tyler</i> State: <i>TX</i> Zip Code <i>75701</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Stamps</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			