

# 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 <u>Mr.</u>	FIRST <u>Stuart</u>	MI
	NICKNAME	LAST <u>Here</u>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	AREA CODE PHONE NUMBER EXTENSION		
5 CANDIDATE/ OFFICEHOLDER PHONE	( <u>903</u> ) <u>705-1588</u>		
	MS / MRS / MR FIRST MI		
6 CAMPAIGN TREASURER NAME	NICKNAME LAST SUFFIX		
	MS / MRS / MR FIRST MI		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	AREA CODE PHONE NUMBER EXTENSION		
8 CAMPAIGN TREASURER PHONE	( <u>903</u> ) <u>504-5490</u>		
	MS / MRS / MR FIRST MI		
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 Day Year    THROUGH    Month Day Year <u>04 / 01 / 2025</u> <u>04 / 21 / 2025</u>		
11 ELECTION	ELECTION DATE		
	Month Day Year    ELECTION TYPE <u>05 / 03 / 2025</u> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <u>Municipal Election</u>		
12 OFFICE	OFFICE HELD (if any)		
	OFFICE SOUGHT (if known)		
14 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. 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	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	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)

\$ \_\_\_\_\_

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,175.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ \_\_\_\_\_

4. TOTAL POLITICAL EXPENDITURES

\$ 2190

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 21,957.08

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

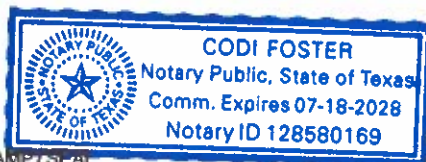
18 SIGNATURE

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 21<sup>st</sup> 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\_\_\_\_

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

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

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
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

Stuart Hene

3 Filer ID (Ethics Commission Filers)

4 Date

4/2/25  
(received)

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Drake Real Estate and Investments

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

11621 CR 146

Tyler

TX

75703

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/31/25

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

James Noble

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

519 W. 3rd St.

Tyler

TX

75701

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/25

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Aaron Bucks

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

2329 Hidden Creek

Tyler

TX

75703

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/2/25

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Robert Ryan Pettit

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

1935 Ravenna Ln

Tyler

TX

75703

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.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME <i>Start Here</i>				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; City; State; Zip Code <i>2209 Kinsmill Cir. Tyler TX 75703</i>			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
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; City; State; Zip Code <i>211 Belmead Ln. Tyler TX 75701</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
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; City; State; Zip Code <i>15212 CR 1130 Flint TX 75762</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
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; City; State; Zip Code <i>1464 Old Farm Rd. Tyler TX 75703</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>					

# 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>Start Here</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/14/25</i>		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Fitzpatrick</i>		7 Amount of contribution (\$) <i>\$ 500.00</i>	
		6 Contributor address; City; State; Zip Code <i>10196 Sugar Creek Dr. Flt TX 75762</i>			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		

Date <i>4/15/25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brandy Ziegler</i>		Amount of contribution (\$) <i>\$ 500.00</i>	
		Contributor address; City; State; Zip Code <i>3236 Birch Ln. Tyler TX 75701</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date <i>4/15/25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Alice Guidry</i>		Amount of contribution (\$) <i>\$ 100.00</i>	
		Contributor address; City; State; Zip Code <i>1305 Wimbledon Dr. Tyler TX 75703</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

Date		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$)	
		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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# 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  
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:		2 FILER NAME <i>Start 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
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

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