

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	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr.</div> <div>FIRST Stuart</div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Here</div> <div>SUFFIX</div> </div>					RECEIVED - City Of Tyler MAR 31 2025 City Manager's Office								
	<div style="display: flex; justify-content: space-between;"> <div>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</div> <div>ADDRESS / PO BOX: P.O. Box 7612</div> <div>APT / SUITE #: Tyler</div> <div>CITY: Tx</div> <div>STATE: TX</div> <div>ZIP CODE: 75711</div> </div> <div style="margin-top: 5px;"><input type="checkbox"/> Change of Address</div>													
<div style="display: flex; justify-content: space-between;"> <div>5 CANDIDATE / OFFICEHOLDER PHONE</div> <div>AREA CODE ()</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div>														
<div style="display: flex; justify-content: space-between;"> <div>6 CAMPAIGN TREASURER NAME</div> <div>MS / MRS / MR Mr.</div> <div>FIRST Ron</div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Vickery</div> <div>SUFFIX</div> </div>														
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>		<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE): 7270 Commerce Ave., Suite A</div> <div>APT / SUITE #: Tyler</div> <div>CITY: Tx</div> <div>STATE: TX</div> <div>ZIP CODE: 75703</div> </div>												
8 CAMPAIGN TREASURER PHONE		<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (903)</div> <div>PHONE NUMBER 504-5490</div> <div>EXTENSION</div> </div>												
9 REPORT TYPE		<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>												
10 PERIOD COVERED		<div style="display: flex; justify-content: space-between;"> <div>Month Day Year 01 / 09 / 2025</div> <div>THROUGH</div> <div>Month Day Year 03 / 31 / 2025</div> </div>												
11 ELECTION		<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 05 / 03 / 2025 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special Municipal Election </div> </div>												
12 OFFICE		<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any) Tyler City Council, District 1</div> <div>13 OFFICE SOUGHT (if known) Tyler City Council, District 1</div> </div>												
14 NOTICE FROM POLITICAL COMMITTEE(S)		<p style="font-size: small;">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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 15%; padding: 5px; vertical-align: top;"> <input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME		COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

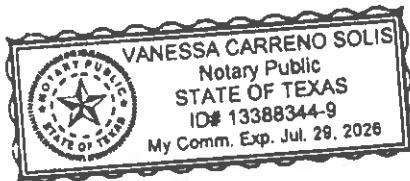
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

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 31st day of March

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

Vanessa Carreno Solis Vanessa Carreno Solis Assistant to City Atty
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

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	\$
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	\$
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 Hane</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/18/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dr. Doyle Starnes</i>			7 Amount of contribution (\$) <i>\$500.00</i>	
6 Contributor address; City; State; Zip Code <i>1601 Woodlands Dr. Tyler TX 75703</i>					
8 Principal occupation / Job title (See Instructions) <i>Retired</i>			9 Employer (See Instructions)		
Date <i>2/15/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sandi Hagwood</i>			Amount of contribution (\$) <i>\$500.00</i>	
Contributor address; City; State; Zip Code <i>7305 Winteharry Cr. Tyler TX 75703</i>					
Principal occupation / Job title (See Instructions) <i>Accountant</i>			Employer (See Instructions) <i>Southside Bank</i>		
Date <i>2/13/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cady Ables</i>			Amount of contribution (\$) <i>\$500.00</i>	
Contributor address; City; State; Zip Code <i>7139 Cheyhill Dr. Tyler TX 75703</i>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>2/11/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Todd Upson</i>			Amount of contribution (\$) <i>\$200.00</i>	
Contributor address; City; State; Zip Code <i>2625 Stonebry Cr. Richardson TX 75080</i>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<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>					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME <i>Student Here</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/6/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kay Latta</i>			7 Amount of contribution (\$) <i>\$100.00</i>	
6 Contributor address; City; State; Zip Code <i>6303 Glenridge Dr. Tyler TX 75703</i>					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <i>2/5/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brant Byers</i>			Amount of contribution (\$) <i>\$500.00</i>	
Contributor address; City; State; Zip Code <i>102 N. College Ave., Suite 1300 Tyler TX 75702</i>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>2/3/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shawn Lunn</i>			Amount of contribution (\$) <i>\$100.00</i>	
Contributor address; City; State; Zip Code <i>7011 Hollyhock Cir. Tyler TX 75703</i>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>2/3/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rusty Jackson</i>			Amount of contribution (\$) <i>\$300.00</i>	
Contributor address; City; State; Zip Code <i>102 N. College Ave., Suite 1200 Tyler TX 75702</i>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<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>					

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Stuart Here</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/3/25</i>		5 Full name of contributor <i>William Spencer</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) <i>\$ 100.00</i>	
		6 Contributor address; City; State; Zip Code <i>212 W. 9th St. Tyler TX 75701</i>			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <i>2/1/25</i>		Full name of contributor <i>Michel Clendenin</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>\$ 500.00</i>	
		Contributor address; City; State; Zip Code <i>1313 Canopy Park Tyler TX 75703</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>1/31/25</i>		Full name of contributor <i>Matthew Springmeyer</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>\$ 150.00</i>	
		Contributor address; City; State; Zip Code <i>7069 Calumet Dr. Tyler TX 75703</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>1/31/25</i>		Full name of contributor <i>Stuart Fink</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>\$ 500.00</i>	
		Contributor address; City; State; Zip Code <i>3549 Ballycastle Dr. Abeno TX 75074</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<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>					

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2 FILER NAME <i>Stuart Hane</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/31/25</i>		5 Full name of contributor <i>Chris Spence</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) <i>\$100.00</i>	
		6 Contributor address; City; State; Zip Code <i>2307 S. Chilton Ave. Tyler TX 75701</i>			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <i>1/31/25</i>		Full name of contributor <i>John Greenstade</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>\$250.00</i>	
		Contributor address; City; State; Zip Code <i>1024 Asher Way Suite 200 Tyler TX 75703</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>1/31/25</i>		Full name of contributor <i>Jace Foster</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>\$1,000.00</i>	
		Contributor address; City; State; Zip Code <i>1301 Hermitage Tyler TX 75703</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>1/31/25</i>		Full name of contributor <i>J. Chad Barker</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>\$500.00</i>	
		Contributor address; City; State; Zip Code <i>3808 Old Jacksonville Hwy Tyler TX 75701</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<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>					

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2 FILER NAME <i>Stuart Here</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/30/25</i>		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andrew Adams</i>		7 Amount of contribution (\$) <i>\$100.00</i>	
		6 Contributor address; City; State; Zip Code <i>7302 Silvercreek Cir. Tyler TX 75703</i>			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <i>1/30/25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Walter Wilhelm</i>		Amount of contribution (\$) <i>\$100.00</i>	
		Contributor address; City; State; Zip Code <i>9045 Old Hickory Rd. Tyler TX 75703</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>1/30/25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ginger Yang</i>		Amount of contribution (\$) <i>\$250.00</i>	
		Contributor address; City; State; Zip Code <i>2205 New Campbell Rd. Tyler TX 75701</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>2/18/25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bruce G. Brookshire</i>		Amount of contribution (\$) <i>\$1,000.00</i>	
		Contributor address; City; State; Zip Code <i>220 Glenhaven Dr. Tyler TX 75701</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<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>					

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2 FILER NAME <i>Stuart Hene</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/18/25</i>		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ross Durr</i>		7 Amount of contribution (\$) <i>\$ 100.00</i>	
		6 Contributor address; City; State; Zip Code <i>3101 Old Bulbed Rd. Tyler TX 75701</i>			
8 Principal occupation / Job title (See Instructions)				9 Employer (See Instructions)	
Date <i>1/31/25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steven C. Roosth</i>		Amount of contribution (\$) <i>\$ 250.00</i>	
		Contributor address; City; State; Zip Code <i>PO Box 8300 Tyler TX 75711</i>			
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
Date <i>2/1/25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Matthew Culver</i>		Amount of contribution (\$) <i>\$ 300.00</i>	
		Contributor address; City; State; Zip Code <i>7308 Silvercreek Cir Tyler TX 75703</i>			
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
Date <i>2/1/25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Frederick Hager</i>		Amount of contribution (\$) <i>\$ 300.00</i>	
		Contributor address; City; State; Zip Code <i>14763 Big Oak Bay Rd. Tyler TX 75707</i>			
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
<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>					

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2 FILER NAME <i>Stuart Here</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/23/25</i>		5 Full name of contributor <i>Russell Here</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) <i>\$ 100.00</i>	
		6 Contributor address; City; State; Zip Code <i>406 Warm Breeze Co. Austin TX 78717</i>			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <i>2/23/25</i>		Full name of contributor <i>David Dobbs</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>\$ 100.00</i>	
		Contributor address; City; State; Zip Code <i>3849 Brighton Creek Circle Tyler TX 75707</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>2/26/25</i>		Full name of contributor <i>Trent Brookshire</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>\$ 150.00</i>	
		Contributor address; City; State; Zip Code <i>11205 Chasewood Dr. Tyler TX 75703</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>3/3/25</i>		Full name of contributor <i>Carolyn Branton</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>\$ 100.00</i>	
		Contributor address; City; State; Zip Code <i>7912 Holgate Dr. Tyler TX 75703</i>			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<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>					

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4 Date <i>2/20/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Holly Roy Hollenshead</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>
6 Contributor address; City; State; Zip Code <i>1500 Woodlands Dr. Tyler TX 75703</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/6/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elizabeth Whitney</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>2601 S. Chilton Ave. Tyler TX 75701</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/7/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Heather Orr</i>	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; City; State; Zip Code <i>2103 Holly Creek Dr. Tyler TX 75703</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/7/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Phillips</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Contributor address; City; State; Zip Code <i>PO Box 8812 Tyler TX 75711</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

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2 FILER NAME <i>Stuart Hene</i>				3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/13/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Petterson</i>			7 Amount of contribution (\$) <i>\$ 350.00</i>	
6 Contributor address; City; State; Zip Code <i>11009 Hidden Hollow Ln. Tyler TX 75703</i>					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date <i>3/14/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ted Conover</i>			Amount of contribution (\$) <i>\$ 50.00</i>	
Contributor address; City; State; Zip Code <i>6603 Galenwood Dr. Tyler TX 75703</i>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>3/18/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Drew Conley</i>			Amount of contribution (\$) <i>\$ 100.00</i>	
Contributor address; City; State; Zip Code <i>2118 Woodhills Dr. Tyler TX 75703</i>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date <i>3/18/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Conley</i>			Amount of contribution (\$) <i>\$ 100.00</i>	
Contributor address; City; State; Zip Code <i>821 S. Chilton Ave. Tyler TX 75701</i>					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<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>					

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>3/28/25</i>		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Lambeth</i>		7 Amount of contribution (\$) <i>\$ 500.00</i>	
		6 Contributor address; City; State; Zip Code <i>16294 Lakeside Dr. Flat TX 75762</i>			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		

Date <i>3/28/25</i>		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Liebowitz Guggan Blair & Sampson, LLP</i>		Amount of contribution (\$) <i>\$ 500.00</i>	
		Contributor address; City; State; Zip Code <i>PO Box 17428 Austin TX 75760</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)		

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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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Stuart Here	3 Filer ID (Ethics Commission Filers)	
4 Date 2/18/25	5 Payee name Designer Graphics		
6 Amount (\$) \$410.27	7 Payee address; 12404 Hwy 155 S. Tyler, TX 75703	City; Tyler	State; TX Zip Code 75703
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Political Yard Signs
	(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 2/20/25	Payee name USPS		
Amount (\$) \$21.90	Payee address; 2627 S. Broadway Ave.	City; Tyler	State; TX Zip Code 75701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Stamps
	<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 2/26/25	Payee name CWJ		
Amount (\$) 2,000.00	Payee address; 314 S. Broadway	City; Tyler	State; TX Zip Code 75702
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Campaign Consulting
	<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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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	2 FILER NAME Stuart Here		3 Filer ID (Ethics Commission Filers)	
4 Date 3/25/25	5 Payee name CWS			
6 Amount (\$) 2,000.00	7 Payee address: 314 S. Broadway	City: Tyler	State: TX	Zip Code 75702
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Campaign Consulting	
	(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				
Date	Candidate / Officeholder name			
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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