

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>Hene</i>	SUFFIX	Date Received RECEIVED - City Of Tyler			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <i>P.O. Box 7612</i>		APT / SUITE #; <i>Tyler</i>	CITY; <i>Tyler</i>	STATE: ZIP CODE <i>TX 75711</i>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>()</i>	PHONE NUMBER	EXTENSION		<i>City Manager's Office</i> Date Received or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Ron</i>	MI	Receipt #	Amount \$		
	NICKNAME	LAST <i>Vickery</i>	SUFFIX	Date Processed			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <i>7270 Commerce Ave., Suite A</i>			CITY; <i>Tyler</i>	STATE: ZIP CODE <i>TX 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 checked="" 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 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>01</i>	Day <i>09</i>	Year <i>2025</i>	Month <i>03</i>	Day <i>31</i>	Year <i>2025</i>	
11 ELECTION	ELECTION DATE Month <i>05</i> Day <i>03</i> Year <i>2025</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			<input checked="" type="checkbox"/> Other Description <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 Filters)
17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN 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. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

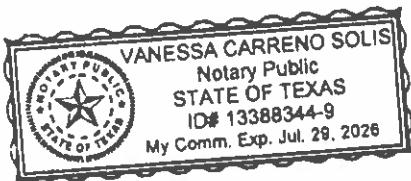
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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 31st day of March.

20 15 to certify which, witness my hand and seal of office.

Vanessa Carreno Solis Signature of officer administering oath

Vanessa Carreno Solis Printed name of officer administering oath

Assistant to City Atty 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	
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.

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A1:
<p>2 FILER NAME <i>Stuart Hare</i></p>				3 Filer ID (Ethics Commission Filers)
4 Date <i>2/15/25</i>	5 Full name of contributor <i>Dr. Doyle Starnes</i>	<input type="checkbox"/> out-of-state PAC (ID#:)		7 Amount of contribution (\$) <i>\$500.00</i>
<p>6 Contributor address; <i>1601 Woodlands Dr.</i></p>		City; <i>Tyler</i>	State; <i>TX</i>	Zip Code <i>75703</i>
<p>8 Principal occupation / Job title (See Instructions) <i>Retired</i></p>		<p>9 Employer (See Instructions)</p>		
Date <i>2/15/25</i>	Full name of contributor <i>Sandi Hugwood</i>	<input type="checkbox"/> out-of-state PAC (ID#:)		Amount of contribution (\$) <i>\$500.00</i>
<p>Contributor address; <i>7305 Wildberry Cr.</i></p>		City; <i>Tyler</i>	State; <i>TX</i>	Zip Code <i>75703</i>
<p>Principal occupation / Job title (See Instructions) <i>Accountant</i></p>		<p>Employer (See Instructions) <i>Southside Bank</i></p>		
Date <i>2/15/25</i>	Full name of contributor <i>Cody Ables</i>	<input type="checkbox"/> out-of-state PAC (ID#:)		Amount of contribution (\$) <i>\$500.00</i>
<p>Contributor address; <i>7139 Cheyhill Dr.</i></p>		City; <i>Tyler</i>	State; <i>TX</i>	Zip Code <i>75703</i>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>		
Date <i>2/15/25</i>	Full name of contributor <i>Todd Upson</i>	<input type="checkbox"/> out-of-state PAC (ID#:)		Amount of contribution (\$) <i>\$200.00</i>
<p>Contributor address; <i>2625 Stonelagh Cr.</i></p>		City; <i>Richardson</i>	State; <i>TX</i>	Zip Code <i>75080</i>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>		

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

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

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<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>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; <i>212 W. 9th St.</i>	City; <i>Tyler</i>	State; <i>TX</i>	Zip Code <i>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; <i>1313 Canopy Park</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>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; <i>7069 Calumet Dr.</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>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; <i>3549 Balfcastle Dr. Plano</i>	City; <i>Plano</i>	State; <i>TX</i>	Zip Code <i>75074</i>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

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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>Stuart Hene</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; <i>2307 S. Clinton Ave.</i>		City; State; Zip Code <i>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 Greenstate</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$250.00</i>
Contributor address; <i>1028 Asher Way Suite 200</i>		City; State; Zip Code <i>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; <i>1301 Hermitage</i>		City; State; Zip Code <i>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 Parker</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; <i>3808 Old Jacksonville Hwy</i>		City; State; Zip Code <i>Tyler TX 75701</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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<p>2 FILER NAME <i>Stuart Hene</i></p>			3 Filer ID (Ethics Commission Filers)
4 Date <i>2/18/25</i>	5 Full name of contributor <i>Ross Durr</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$100.00</i>
<p>6 Contributor address; <i>3101 Old Bullock Rd.</i></p>		<p>City; <i>Tyler</i> State; <i>TX</i> Zip Code <i>75701</i></p>	
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>	
Date <i>1/31/25</i>	Full name of contributor <i>Steven C. Roosth</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$250.00</i>
<p>Contributor address; <i>PO Box 8300</i></p>		<p>City; <i>Tyler</i> State; <i>TX</i> Zip Code <i>75711</i></p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
Date <i>2/18/25</i>	Full name of contributor <i>Matthew Cutrer</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$300.00</i>
<p>Contributor address; <i>7308 Silverapple Cr.</i></p>		<p>City; <i>Tyler</i> State; <i>TX</i> Zip Code <i>75703</i></p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
Date <i>2/18/25</i>	Full name of contributor <i>Frederick Hager</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$300.00</i>
<p>Contributor address; <i>14763 Big Oak Bay Rd.</i></p>		<p>City; <i>Tyler</i> State; <i>TX</i> Zip Code <i>75707</i></p>	
<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>2 FILER NAME <i>Stuart Hene</i></p>				3 Filer ID (Ethics Commission Filers)
4 Date <i>2/23/25</i>	5 Full name of contributor <i>Russell Hene</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) <i>\$ 100.00</i>
<p>6 Contributor address; <i>406 Warm Breeze Co. Austin</i></p>		City: <i>TX</i>	State: <i>78717</i>	
<p>8 Principal occupation / Job title (See Instructions)</p>			<p>9 Employer (See Instructions)</p>	
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>
<p>Contributor address; <i>3849 Brighton Creek Circle Tyler</i></p>		City: <i>TX</i>	State: <i>75707</i>	
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
Date <i>2/26/25</i>	Full name of contributor <i>Treat Brookshire</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>\$ 150.00</i>
<p>Contributor address; <i>11205 Charnwood Dr. Tyler</i></p>		City: <i>TX</i>	State: <i>75703</i>	
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
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>
<p>Contributor address; <i>7012 Hollytree Dr. Tyler</i></p>		City: <i>TX</i>	State: <i>75703</i>	
<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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2 FILER NAME <i>Stuart Hene</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>2/20/25</i>	5 Full name of contributor <i>Holly Ray Hollenshead</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$100.00</i>
6 Contributor address; <i>1500 Woodlands Dr.</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>3/8/25</i>	Full name of contributor <i>Elizabeth Whitney</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; <i>2601 S. Chilton Ave.</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>3/7/25</i>	Full name of contributor <i>Heather Orr</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address; <i>2103 Holly Creek Dr.</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>3/7/25</i>	Full name of contributor <i>William Phillips</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; <i>PO Box 8812</i>		City: <i>Tyler</i> State: <i>TX</i> Zip Code <i>75711</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 <i>Michael Patterson</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>\$ 350.00</i>
6 Contributor address; <i>11009 Hidden Hollow Ln. Tyler</i>		City; State; Zip Code <i>TX 75703</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>3/14/25</i>	Full name of contributor <i>Ted Groves</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address; <i>6603 Galenaugas Dr. Tyler</i>		City; State; Zip Code <i>TX 75703</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/23/25</i>	Full name of contributor <i>Drew Landes</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; <i>2118 Woodlands Dr. Tyler</i>		City; State; Zip Code <i>TX 75703</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>3/18/25</i>	Full name of contributor <i>John Landes</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$ 100.00</i>
Contributor address; <i>821 S. Chilton Ave. Tyler</i>		City; State; Zip Code <i>TX 75701</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 Hens</i></p>				3 Filer ID (Ethics Commission Filers)
4 Date <i>3/28/25</i>	5 Full name of contributor <i>Jim Lambeth</i>	<input type="checkbox"/> out-of-state PAC (ID#:)		7 Amount of contribution (\$) <i>\$500.00</i>
<p>6 Contributor address; <i>18294 Lakeside Dr.</i></p>		City: <i>Flat</i>	State: <i>TX</i>	Zip Code <i>75762</i>
<p>8 Principal occupation / Job title (See Instructions)</p>			<p>9 Employer (See Instructions)</p>	
Date <i>3/28/25</i>	Full name of contributor <i>Linchburg Goggin Blair & Sampson, LLP</i>	<input type="checkbox"/> out-of-state PAC (ID#:)		Amount of contribution (\$) <i>\$500.00</i>
<p>Contributor address; <i>PO Box 17428</i></p>		City: <i>Austin</i>	State: <i>TX</i>	Zip Code <i>78760</i>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:)		Amount of contribution (\$)
<p>Contributor address;</p>		City;	State;	Zip Code
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#:)		Amount of contribution (\$)
<p>Contributor address;</p>		City;	State;	Zip Code
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	

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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	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: <i>2</i>	2 FILER NAME <i>Stuart Here</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/18/25</i>	5 Payee name <i>Designer Graphics</i>		
6 Amount (\$) <i>\$410.87</i>	7 Payee address; <i>12404 Hwy 155 S. Tyler, TX 75703</i>	City: <i>Tyler</i> State: <i>TX</i> Zip Code <i>75703</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Political Yard Signs</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>2/20/25</i>	Payee name <i>USPS</i>		
Amount (\$) <i>\$21.90</i>	Payee address; <i>2627 S. Broadway Ave.</i>	City: <i>Tyler</i> State: <i>TX</i> Zip Code <i>75701</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Stamps</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>2/26/25</i>	Payee name <i>CWJ</i>		
Amount (\$) <i>2,000.00</i>	Payee address; <i>314 S. Broadway</i>	City: <i>Tyler</i> State: <i>TX</i> Zip Code <i>75702</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Campaign Consulting</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY 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	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: <i>2</i>	2 FILER NAME <i>Stuart Hene</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/28/25</i>	5 Payee name <i>CWS</i>	City; State; Zip Code
6 Amount (\$) <i>2,900.00</i>	7 Payee address; <i>314 S. Broadway</i>	<i>Tyler</i> <i>TX</i> <i>75702</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Campaign Consulting</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 ONLY 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
	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
	Candidate / Officeholder name Office sought Office held	
Complete ONLY if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		