

# 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:<br>6                                           |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                                                                 | MS / MRS / MR<br>FIRST<br>Stuart                                                                                                                                                                                                                                                                                                                                                                                                   | MI           | <b>OFFICE USE ONLY</b><br><b>RECEIVED</b><br><br><b>JUL 11 2025</b> |
|                                                                                                       | NICKNAME<br>LAST<br>Hene                                                                                                                                                                                                                                                                                                                                                                                                           | SUFFIX       |                                                                     |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>P.O. Box 7612<br><br>Tyler, TX 75711                                                                                                                                                                                                                                                                                                                                                     |              | ZIP CODE                                                            |
|                                                                                                       | Date Hand-delivered or Date Postmarked                                                                                                                                                                                                                                                                                                                                                                                             |              | <b>CITY CLERK'S OFFICE</b>                                          |
|                                                                                                       | Receipt #                                                                                                                                                                                                                                                                                                                                                                                                                          |              | City of Tyler                                                       |
|                                                                                                       | Date Processed                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                     |
| Date Imaged                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                     |
| 5 CAMPAIGN<br>TREASURER<br>NAME                                                                       | MS / MRS / MR<br>FIRST<br>Ron                                                                                                                                                                                                                                                                                                                                                                                                      | MI           |                                                                     |
|                                                                                                       | NICKNAME<br>LAST<br>Vickery                                                                                                                                                                                                                                                                                                                                                                                                        | SUFFIX       |                                                                     |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><br>7270 Crosswater Ave.<br>Suite A<br>Tyler, TX 75703                                                                                                                                                                                                                                                                                                  |              |                                                                     |
| 7 CAMPAIGN<br>TREASURER<br>PHONE                                                                      | AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                          | PHONE NUMBER | EXTENSION                                                           |
| (903) 504-5490                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                     |
| 8 REPORT<br>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)<br><input checked="" 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) |              |                                                                     |
| 9 PERIOD<br>COVERED                                                                                   | Month    Day    Year<br>06/09/2025                                                                                                                                                                                                                                                                                                                                                                                                 | THROUGH      | Month    Day    Year<br>06/30/2025                                  |
| 10 ELECTION                                                                                           | ELECTION DATE<br>Month    Day    Year<br>05/02/2026                                                                                                                                                                                                                                                                                                                                                                                |              | ELECTION TYPE                                                       |
|                                                                                                       | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special                                                                                                                                                                                                                                                    |              |                                                                     |
| 11 OFFICE                                                                                             | OFFICE HELD (if any)<br>Tyler City Council District 1                                                                                                                                                                                                                                                                                                                                                                              |              | 12 OFFICE SOUGHT (if known)<br>Tyler Mayor                          |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

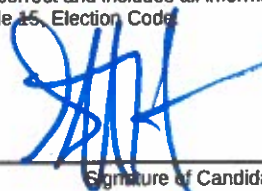
FORM C/OH  
COVER SHEET PG 2

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|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                    |             |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 13 C / OH NAME<br>Hene, Stuart                                                         |                                                                                                                                                                                                                                                                                                                                                                                                | 14 Filer ID                                                                                                                        |             |
| 15 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><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. <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. |                                                                                                                                    |             |
|                                                                                        | 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)                                                  | \$ 3,750.00 |
| EXPENDITURE TOTALS                                                                     | 3.                                                                                                                                                                                                                                                                                                                                                                                             | TOTAL UNITEMIZED POLITICAL EXPENDITURES                                                                                            | \$ 0.00     |
|                                                                                        | 4.                                                                                                                                                                                                                                                                                                                                                                                             | TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 174.50   |
| CONTRIBUTION BALANCE                                                                   | 5.                                                                                                                                                                                                                                                                                                                                                                                             | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                                | \$ 4,075.50 |
| OUTSTANDING LOAN TOTALS                                                                | 6.                                                                                                                                                                                                                                                                                                                                                                                             | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ 500.00   |

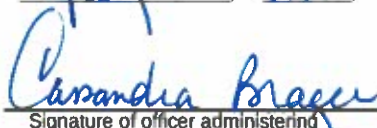
## 17 AFFIDAVIT

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.

  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Stuart Hene, this the 11th day of July, 2025, to certify which, witness my hand and seal of office.

  
Signature of officer administering

CASSANDRA BRAGER  
Printed name of officer administering

Notary  
Title of officer administering oath

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

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|                                                  |                                                                                                             |                    |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------|
| <b>18 FILER NAME</b><br>Hene, Stuart             |                                                                                                             | <b>19 Filer ID</b> |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |                                                                                                             | SUBTOTAL AMOUNT    |
| 1.                                               | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 3,750.00        |
| 2.                                               | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                 |
| 3.                                               | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$                 |
| 4.                                               | <input checked="" type="checkbox"/> SCHEDULE E: LOANS                                                       | \$ 500.00          |
| 5.                                               | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 174.50          |
| 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:<br>Sch: 1/1 Rpt: 4/6   |
| 2 FILER NAME<br>Here, Stuart                                   |                                                                                                                                                                                              | 3 Filer ID                                        |
| 4 Date<br>06/17/2025                                           | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dinger, Stephen<br>6 Contributor address; City; State; Zip Code<br>3021 Forest Trail<br>Tyler, TX 75703 | 7 Amount of Contribution (\$)<br>\$500.00         |
| 8 Principal occupation / Job title (See Instructions)          |                                                                                                                                                                                              | 9 Employer (See Instructions)                     |
| Date<br>06/18/2025                                             | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kaminski, Ken<br>Contributor address; City; State; Zip Code<br>6987 Canal St.<br>Tyler, TX 75703          | Amount of Contribution (\$)<br>\$2,500.00         |
| Principal occupation / Job title (See Instructions)<br>Surgeon |                                                                                                                                                                                              | Employer (See Instructions)<br>Azalea Orthopedics |
| Date<br>06/19/2025                                             | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Langley, Blake<br>Contributor address; City; State; Zip Code<br>4529 Brushy Creek Cove<br>Tyler, TX 75703 | Amount of Contribution (\$)<br>\$500.00           |
| Principal occupation / Job title (See Instructions)            |                                                                                                                                                                                              | Employer (See Instructions)                       |
| Date<br>06/18/2025                                             | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Noble, Jim<br>Contributor address; City; State; Zip Code<br>519 W 3rd St.<br>Tyler, TX 75701              | Amount of Contribution (\$)<br>\$150.00           |
| Principal occupation / Job title (See Instructions)            |                                                                                                                                                                                              | Employer (See Instructions)                       |
| Date<br>06/17/2025                                             | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stoltz, Michael<br>Contributor address; City; State; Zip Code<br>401 W 7th St.<br>Tyler, TX 75701         | Amount of Contribution (\$)<br>\$100.00           |
| Principal occupation / Job title (See Instructions)            |                                                                                                                                                                                              | Employer (See Instructions)                       |

**LOANS****SCHEDULE E****The Instruction Guide explains how to complete this form.****1 Total pages Schedule E:**

Sch: 1/1 Rpt: 5/6

**2 FILER NAME**

Hene, Stuart

**3 Filer ID****4 TOTAL OF UNITEMIZED LOANS**

\$

**5 Date of loan**

06/18/2025

**7 Name of lender**

Hene, Stuart

☐ out-of-state PAC (ID#: \_\_\_\_\_)**9 Loan Amount (\$)**

\$500.00

**6 Is lender a financial institution?**

No

**8 Lender address; City; State; Zip Code**

7310 Winterberry Cove

**10 Interest Rate****11 Maturity Date**

Tyler, TX 75703

**12 Principal occupation / Job title (See Instructions)**

Attorney

**13 Employer (See Instructions)**

Tarry &amp; Hene, PLLC

**14 Description of Collateral**☒ None**15 Check if personal funds were deposited into political account (See Instructions)**☒**16 GUARANTOR INFORMATION**☒ not applicable**17 Name of guarantor****18 Guarantor address; City; State; Zip Code****19 Amount Guaranteed (\$)****20 Principal occupation****21 Employer (See Instructions)**

# 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.

|                                                                     |                                                                                                         |                                                                                                                                                                                                        |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/1 Rpt: 6/6              | <b>2</b> FILER NAME<br>Hene, Stuart                                                                     | <b>3</b> Filer ID                                                                                                                                                                                      |
| <b>4</b> Date<br>06/23/2025                                         | <b>5</b> Payee name<br>Anedot                                                                           |                                                                                                                                                                                                        |
| <b>6</b> Amount (\$)<br>\$151.50                                    | <b>7</b> Payee address; City; State; Zip Code<br>5555 Hilton Ave.<br>Suite 106<br>Baton Rouge, LA 70808 |                                                                                                                                                                                                        |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Service Fees |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                         |                                                                                                                                                                                                        |
| Date<br>06/17/2025                                                  | Candidate/Officeholder name                                                                             | Office sought                                                                                                                                                                                          |
| Amount (\$)<br>\$23.00                                              | Office held                                                                                             |                                                                                                                                                                                                        |
| Date<br>06/17/2025                                                  | Payee name<br>Deluxe Checks                                                                             |                                                                                                                                                                                                        |
| Amount (\$)<br>\$23.00                                              | Payee address; City; State; Zip Code<br>801 S Marquette Ave.<br><br>Minneapolis, MN 55402               |                                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense      | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Checks              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                         |                                                                                                                                                                                                        |
| Candidate/Officeholder name                                         |                                                                                                         |                                                                                                                                                                                                        |
| Office sought                                                       |                                                                                                         |                                                                                                                                                                                                        |
| Office held                                                         |                                                                                                         |                                                                                                                                                                                                        |