

1/15/24 @ 3:30PM
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R JUL 15 2024
BY: SM Shadler

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 Filer)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MR / MRS / MR	FIRST <i>Bryce</i>	MI	OFFICE USE ONLY Date Received:				
	NICKNAME	LAST <i>Stearns</i>	SUFFIX					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE:	Date Hand-delivered or Date Postmarked: Receipt # _____ Amount \$ _____ Date Processed: Date Imaged:		
	<i>1905 SE 11th Ave Minden Wells</i>							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	(817)	477-2858						
6 CAMPAGN TREASURER NAME	MR / MRS / MR	FIRST <i>Johanne</i>	MI	Date Hand-delivered or Date Postmarked: Receipt # _____ Amount \$ _____ Date Processed: Date Imaged:				
	NICKNAME	LAST <i>M. Lee</i>	SUFFIX					
7 CAMPAGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY: <i>Palo Pinto</i>	STATE:	ZIP CODE: <i>TX 76484</i>		
	<i>32 Long Drive</i>							
8 CAMPAGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	(760)	310-0755						
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Extended Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)							
10 PERIOD COVERED	Month <i>9/25/24</i>	Day	Year	Month <i>6/30/24</i>	Day	Year		
	THROUGH							
11 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month <i>5/4/24</i>	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description		
12 OFFICE	OFFICE HELD (if any)				OFFICE SOUGHT (if known)			
					<i>City Council</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 OR OFFICEHOLDER KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
	COMMITTEE TYPE: <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC COMMITTEE NAME: <i>Grass Roots Mineral Wells</i> COMMITTEE ADDRESS: <i>PO Box 284 Gordon, TX, 76453</i> COMMITTEE CAMPAIGN TREASURER NAME: <i>Johanne Lee</i> COMMITTEE CAMPAIGN TREASURER ADDRESS: <i>32 Long Drive, Palo Pinto, TX 76484</i>							
GO TO PAGE 2								
Forms provided by Texas Ethics Commission www.ethics.state.tx.us								
Revised 1/1/2024								

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

Bryan Steeman

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)

\$ *1053.33*

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

CONTRIBUTION
BALANCE

4. TOTAL POLITICAL EXPENDITURES

\$ *0*

OUTSTANDING
LOAN TOTALS

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

\$

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.

Bryan Steeman *BBU*
Signature of Candidate or Officeholder *treasurer*

Signature of Candidate or Officeholder *treasurer*

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is *Bryan Steeman* and my date of birth is _____
My address is *1905 SE 11/2 Ave* Mineral Wells, Tx 76067 USA
(street) (city) (zip code) (country)

Executed in *Palo Pinto* County, State of *Texas*, on the *15* day of *July*, 20*24*

Bryan Steeman *BBU*
Signature of Candidate/Officeholder (Declarant) *treasurer*

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19. FILER NAME	20. Filer ID (Ethics Commission Filers)
Bryan Steeman	
21. SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1053.33
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	\$ 0
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	\$

**NON-MONETARY (IN-KIND) POLITICAL
CONTRIBUTIONS**

SCHEDULE A2

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 A2:
2 FILER NAME <i>Bryan Sleema</i>		3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1053.33
5 Date <i>4/29/04</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Grass Roots Mineral Wells PAC</i>	8 Amount of Contribution \$ <i>1053.33</i>
7 Contributor address: <i>Po Box 284</i>	City: <i>Forde</i>	State: Zip Code <i>TX 76453</i>
9 In-kind contribution description <i>election expense</i>		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of Contribution \$
Contributor address:	City:	In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

Bryan Skemer

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Bryan Skemer J.M.L.
Signature of Candidate / Officeholder
/treasurer

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

J.M.L.
Signature of Officeholder