CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			1 Filer ID (Ethics Commission Filer	s) 2 Total pages filed:		
The C/OH Instruction G	uide explains how to	complete this form.	, , , , , , , , , , , , , , , , , , , ,	4		
3 CANDIDATE /	MS / MRS / MR	FIRST	мі G	OFFICE USE ONLY		
OFFICEHOLDER NAME	MR	Steven		Date Received		
TN/AVIL	NICKNAME	Newcom	SUFFIX	11022		
4 CANDIDATE/	ADDRESS / PO BOX;	APT / SUITE #;	1131 69811			
OFFICEHOLDER MAILING ADDRESS Change of Address	8620 Over	rland Dr Fort	Date Received 4 3 2027 C 4:59 PM			
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
OFFICEHOLDER PHONE	(817)	239-3400		Receipt # Amount \$		
6 CAMPAIGN	MS / MRS / MR	FIRST	MI č	7		
TREASURER NAME				Date Processed		
, , , , , , , , , , , , , , , , , , ,	NICKNAME	LAST	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N	IO PO BOX PLEASE); APT /	SUITE #; CITY;	STATE; ZIP CODE		
(Residence or Business)						
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION			
PHONE	()					
9 REPORT TYPE	January 15	30th day before	e election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before e	election Exceeded Modifie Reporting Limit	d Final Report (Attach C/OH - FR)		
10 PERIOD	Month	Day Year	Mod	•		
COVERED	1 /	6 / 22	THROUGH 3	/ 28 / 22		
11 ELECTION	ELECTION DAT	TE	ELECTION 1	TYPE		
	Month Day	Year	y Runoff Other Descript	ion		
	5 / 7 /	General General	al Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if	_		
	EMSISD 7	Trustee Plac	e 5 EMSISD Tr	ustee Place 5		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN	TREASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	TIMANUL ILLI OITI			
15 C/OH NAME Steven G Newcom		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (CONTRIBUTIONS (CONTRIBUTIONS MADE ELECTRONICALLY)		\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	1 3 IOTAL UNITEMIZED FOLITICAL EXPLINITIONS.			
	4. TOTAL POLITICAL EXPENDITURES	\$ 533.83		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	T DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$		
	swear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct and includes all information		
	Than D. 1	geton		
	Signature of Ca	ndidate or Officeholder		
	Please complete either option below	<i>I</i> :		
(1) Affidavit				
(1) Allidavit				
NOTARY STAMP/SEA	AL .			
Sworn to and subscribed	before me by this the	, day of,		
	which, witness my hand and seal of office.			
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath		
	OR OR	The second second second		
(2) Unsworn Declarat	ion			
My name is Stevel	G Newcom , and my date of birth is	May 12, 1956		
My address is 8620	Overland Dr , Fort Worth , T	X_, <u>76179</u> , <u>USA</u> .		
Executed in Tarrar	(street) (city)	state) (zip code) (country) i \(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Signature of Candi	date/Officeholder (Declarant)		
1	-			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	P FILER NAME 20 Filer ID (Ethics Co			Filers)
21	SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS	\$		
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	-	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	533.83	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			,
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU TO FILER	\$		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, **DO NOT include this page in the report.**

	EXPENDITURE CATEGORIES	FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Office Ov. Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing E Committee Legal Services Salaries/	Expense 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 F4:	² FILER NAME Steven G Newcom	3 Filer ID (Ethics Commission Filers)					
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A C	REDIT CARD	\$ 50.00				
5 Date	6 Payee name						
03/22/2022	The Home Depot						
7 Amount (\$)	8 Payee address; City; State; Zip Code						
483.83	483.83 3950 Jim Wright Frwy Fort Worth, TX 76135						
9 TYPE OF EXPENDITURE	Political Non-	Political					
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Advertising Expense	T posts, \$	T posts, Stakes, Nails,				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living expense				
11 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				
TYPE OF EXPENDITURE	Political Non	-Political					
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE							
	Check if travel outside of Texas. Complete Schedule T	Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							