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 file	ed: 5	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr	FIRST Steven	MI G		USE ONLY	
NAME	NICKNAME	Newcom	SUFFIX	Date Received	v	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 8620 Overla	: APT / SUITE #; Ond Dr Fort Worth,	CITY; STATE; ZIP CODE TX 76179	Date Received UN 201 UN 201 ON 100	Well	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (817)	239-3400	EXTENSION	Date Hand-delivered	or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
NAME	NICKNAME	LAST	SUFFIX	Date Processed		
	NORMANIE EACT SOFTIA			Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE;	ZIP CODE	
(Residence or Business)	-					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15	30th day before e	election	15th day aft treasurer ap (Officeholde		
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)	
10 PERIOD COVERED	Month 3	Day Year / 29 / 22	THROUGH 4	Day Year / 27 / 22		
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	E		
	Month Day	Year Primary	Runoff Other Description			
4	5 / 7	General General	Special			
12 OFFICE	OFFICE HELD (if any)	rustee Place 5	13 OFFICE SOUGHT (If know EMSISD Truste			
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 KNOWLEGGE 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 TRI	EASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Steven G Newcom 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) **TOTAL POLITICAL CONTRIBUTIONS** 2. \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ **TOTALS** 4,996.75 **TOTAL POLITICAL EXPENDITURES** 4. CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ LOAN TOTALS 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 Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by ___ this the _____ day of _ _, to certify which, witness my hand and seal of office. Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration , and my date of birth is May 12, 1956 My name is Steven G Newcom My address is 8620 Overland Dr Fort Worth USA TΧ 76179 (street) (state) (city) (zip code) (country) Executed in Tarrant , on the 29th 2022 _____ County, State of TX (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Steven G Newcom			ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	3,035.19
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$	1,961.56
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

ii the requested infor	nation 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 B Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wages/Contract	Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District t Labor Other (enter a category not listed above)			
	The Instruction Guide explains how to complete thi	s form.			
1 Total pages Schedule F4:	2 FILER NAME Steven G Newcom	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CA	* 63.49			
5 Date	6 Payee name				
04/06/2022	Willowcreek Signs				
7 Amount (\$)		ity; State; Zip Code			
2,690.25	2633 Blue Mound Rd. West Haslet, TX 7605	2			
9 TYPE OF EXPENDITURE	Political Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising (b) Desc Signs a	and Short Stakes			
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sough	t Office held			
Date	Payee name				
04/11/2022	Metro Mailer				
Amount (\$)	Payee address; City; State; Zip Code				
281.45 5719 E Rosedale St Suite 809 Fort Worth, TX 76112					
TYPE OF EXPENDITURE	Political Non-Political				
PURPOSE OF EXPENDITURE		Hangers			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sough	t Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Cuido available	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
		The Instruction Guide explain	is now to	complete this form.	·	
1 Total pages Schedule G:1		2 FILER NAME Steven G Newcom				Commission Filers)
4 Date	5 Payee na					
04/13/2021	Metro Mailer					
6 Amount (\$) 1,916.51 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5719 E Rosedale St Suite 809 Fort Worth, TX 76112					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising (b) Description Political Variate			ble Postcards & Postage		
	(c)	Check if travel outside of Texas. Complete Sci	nedule T.	Check if Austin	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
Date	Payee nar	ne				
04/21/2022	Staples	3				
Amount (\$) 45.05 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6313 Lake Worth Blvd Lake Worth, TX 76135					
PURPOSE OF EXPENDITURE	Category Printing	(See Categories listed at the top of this s	chedule)	Description Voter List	/	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date	Payee nar	ne				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	hedule)	Description		
	(Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held

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