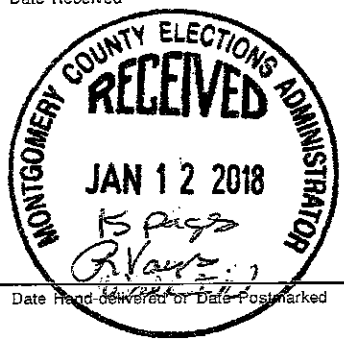


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX		
JEANIE STEWART A		Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> Change of Address	PO BOX 501 WILLIS, TX 77378		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-Delivered or Date Postmarked	
	(936) 232-5468		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI	Receipt #	
	NICKNAME LAST SUFFIX	Amount \$	
TIM STEWART L JR		Date Processed	
		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
9766 TWIN SHORES DRIVE WILLIS, TX 77318			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(936) 232-4328		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	7 / 1 / 17		12 / 31 / 17
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
	3 / 6 / 18		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		COUNTY CLERK	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME **JEANIE STEWART** 15 Filer ID (Ethics Commission Filers)

16 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"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 116.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2615.76
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 6.22
	4. TOTAL POLITICAL EXPENDITURES	\$ 6846.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3420.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 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.

Jeanie Stewart
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jeanie Stewart, this the 10 day of January, 2018, to certify which, witness my hand and seal of office.

Anna Marie Bravo
Signature of officer administering oath

Assistant Branch Manager
Title of officer administering oath

ANNA MARIE BRAVO
Notary Public, State of Texas
Comm Expires 06-19-2021
Notary ID 120824963

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

JEANIE STEWART

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2499.76
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6846.83
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 5

2 FILER NAME

JEANIE STEWART

3 Filer ID (Ethics Commission Filers)

4 Date

7/8/17

5 Full name of contributor out-of-state PAC (ID#: _____)

James Brown

7 Amount of contribution (\$)

25.00

6 Contributor address; City; State; Zip Code

10409 Tree Ridge Pl The Woodlands, Tx 77380

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/4/17

Full name of contributor out-of-state PAC (ID#: _____)

Lorreen Fosselman

Amount of contribution (\$)

120.00

Contributor address; City; State; Zip Code

30203 Doerner Ln Magnolia, Tx 77354

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/4/17

Full name of contributor out-of-state PAC (ID#: _____)

Curtis Helton

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

10483 Parkside Dr Willis Tx 77318

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/4/17

Full name of contributor out-of-state PAC (ID#: _____)

Thea Young

Amount of contribution (\$)

139.76

Contributor address; City; State; Zip Code

2730 Kings Retreat Kingwood, Tx 77345

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 5

2 FILER NAME

JEANIE STEWART

3 Filer ID (Ethics Commission Filers)

4 Date

8/24/17

5 Full name of contributor

Barbara Waters

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

3510 Cactus Creek Dr Spring Tx 77386

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/7/17

Full name of contributor

Alan Dreesen

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

105.00

Contributor address;

City; State; Zip Code

3419 Nodding Pines Spring, Tx 77380

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/17

Full name of contributor

Dennis Sheedy

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

15 W. Cottage St. Spring, Tx 77382

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/17

Full name of contributor

Bo Young

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

2730 Kings Retreat Kingwood, TX 77345

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 5

2 FILER NAME

JEANIE STEWART

3 Filer ID (Ethics Commission Filers)

4 Date

9/7/17

5 Full name of contributor

out-of-state PAC (ID#: _____)

Jolene Rhoades

6 Contributor address;

City; State; Zip Code

3310 Cactus Creek Dr Spring Tx 77386

7 Amount of contribution (\$)

160.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/7/17

Full name of contributor

out-of-state PAC (ID#: _____)

Matt Beasley Campaign

Contributor address;

City; State; Zip Code

26 Rumples Creek Place Spring, Tx 77381

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/17

Full name of contributor

out-of-state PAC (ID#: _____)

Carol Dreesen

Contributor address;

City; State; Zip Code

3419 Nodding Pines Spring, Tx 77380

Amount of contribution (\$)

130.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/17

Full name of contributor

out-of-state PAC (ID#: _____)

Sesco Saegusa

Contributor address;

City; State; Zip Code

5 Tulipa St. The Woodlands, Tx 77380

Amount of contribution (\$)

100.00

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4 of 5

2 FILER NAME

JEANIE STEWART

3 Filer ID (Ethics Commission Filers)

4 Date

9/7/17

5 Full name of contributor

out-of-state PAC (ID#: _____)

Ryan Gable

7 Amount of contribution (\$)

150.00

6 Contributor address;

City; State; Zip Code

2307 Keegan Hollow Lane Spring Tx 77386

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/7/17

Full name of contributor

out-of-state PAC (ID#: _____)

Curtis Helton

Amount of contribution (\$)

20.00

Contributor address;

City; State; Zip Code

10483 Parkside Dr Willis, TX 77318

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/17

Full name of contributor

out-of-state PAC (ID#: _____)

Melanie Bush Campaign

Amount of contribution (\$)

20.00

Contributor address;

City; State; Zip Code

14 Lamps Glow Pl Spring, TX 77382

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/7/17

Full name of contributor

out-of-state PAC (ID#: _____)

James Waters

Amount of contribution (\$)

90.00

Contributor address;

City; State; Zip Code

3306 Rustling Pines Spring Tx 77380

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 5
2 FILER NAME JEANIE STEWART		3 Filer ID (Ethics Commission Filers)
4 Date 9/7/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Adams	7 Amount of contribution (\$) 40.00
6 Contributor address; City; State; Zip Code 10711 E. Timberwagon Cir Spring Tx 77380		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/22/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan & Carol Dreesen	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 3414 Nodding Pines Spring Tx 77380		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Brown	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 10409 Treeridge Pl. The Woodlands TX 77380		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1
1 of 1

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **JEANIE STEWART** 3 Filer ID (Ethics Commission Filers)

4 Date **7/11/17** 5 Payee name **LUNCH SIGNS**

6 Amount (\$) **276.04** 7 Payee address; City; State; Zip Code **1801 N. LOOP E 336 CONROE TX 77301**

8 PURPOSE OF EXPENDITURE **ADVERTISING EXPENSE** (a) Category (See Categories listed at the top of this schedule) (b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense
CAMPAIGN SHIRTS

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **8/13/17** Payee name **STEPHANIE DAVIS - SD PHOTOGRAPHY**

Amount (\$) **\$270.63** Payee address; City; State; Zip Code **5106 PARKVIEW DR. WILLIS TX 77318**

PURPOSE OF EXPENDITURE **ADVERTISING EXPENSE** Category (See Categories listed at the top of this schedule) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense
CAMPAIGN PHOTOS

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **8/24/17** Payee name **Sami's Club**

Amount (\$) **305.01** Payee address; City; State; Zip Code **2000 WESTVIEW BLVD CONROE TX 77304**

PURPOSE OF EXPENDITURE **FOOD/BEVERAGE EXPENSE** Category (See Categories listed at the top of this schedule) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense
FOOD FOR EVENT

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1
2 of 7

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME JEANIE STEWART	3 Filer ID (Ethics Commission Filers)
4 Date 8/24/17	5 Payee name GLENN LENDERMAN	
6 Amount (\$) 350.00	7 Payee address; City; State; Zip Code 4100 TED TRAUT DR LUFKIN, TX 75904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ENTERTAINMENT / BAND
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 8/24/17	Payee name KRISTEN CHRIST / SOUTHERN HERITAGE CONSULTING	
Amount (\$) 1150.00	Payee address; City; State; Zip Code PO BOX 558 PINEHURST, TX 77362	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER HELP
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 8/24/17	Payee name CRISSI GRIMM	
Amount (\$) 250.00	Payee address; City; State; Zip Code PO BOX 558 PINEHURST, TX 77362	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISER HELP
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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1
3 of 7

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.

1 Total pages Schedule F1:		2 FILER-NAME JEANIE STEWART		3 Filer ID (Ethics Commission Filers)	
4 Date 8/24/17		5 Payee name MONTGOMERY COUNTY PCT 3			
6 Amount (\$) 75.00		7 Payee address; City; State; Zip Code 2235 LAKE ROBBINS DR THE WOODLANDS, TX 77380			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense VENUE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8/31/17		Payee name WOODFOREST NATIONAL BANK			
Amount (\$) 12.00		Payee address; City; State; Zip Code PO BOX 7889 THE WOODLANDS, TX 77387			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY ACCT SRVC CHARGE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 9/3/17		Payee name MONTGOMERY COUNTY REPUBLICAN PARTY			
Amount (\$) 350.00		Payee address; City; State; Zip Code PO BOX 45 CONROE TX 77305			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense EMAIL AD	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

4 of 7

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME JEANIE STEWART	3 Filer ID (Ethics Commission Filers)
4 Date 9/19/17	5 Payee name VISTA PRINT	
6 Amount (\$) 86.67	7 Payee address; City; State; Zip Code 275 WYMAN STREET WALTHAM, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 9/30/17	Payee name WOODFOREST NATIONAL BANK	
Amount (\$) 12.00	Payee address; City; State; Zip Code PO BOX 7889 THE WOODLANDS, TX 77387	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY ACCT SRVC CHARGE
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 10/23/17	Payee name W. BRADSHAW BONEY & ASSOC.	
Amount (\$) 147.96	Payee address; City; State; Zip Code 1110 NASA PKWY STE 604 HOUSTON TX 77058	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TICKETS/INVITATIONS
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1
5 of 7

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME JEANIE STEWART	3 Filer ID (Ethics Commission Filers)	
4 Date 11/17/17	5 Payee name MONTGOMERY COUNTY REPUBLICAN PARTY		
6 Amount (\$) 1250.00	7 Payee address; City; State; Zip Code PO BOX 45 CONROE TX 77305		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FILING FEE	
	9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 11/21/17	Payee name SIGNS ON THE CHEAP		
Amount (\$) 646.52	Payee address; City; State; Zip Code 11525A STONEHOLLOW DR STE 100 AUSTIN TX 78758		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS	
	9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 11/24/17	Payee name BANNERS ON THE CHEAP		
Amount (\$) 62.11	Payee address; City; State; Zip Code 11525A STONEHOLLOW DR STE 100 AUSTIN TX 78758		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANNERS	
	9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1
6 of 7

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:	2 FILER NAME JEANIE STEWART	3 Filer ID (Ethics Commission Filers)	
4 Date 11/30/17	5 Payee name KIWANIS		
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code PO BOX 2503 CONROE TX 77305		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE / FEE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PARADE ENTRY FEE	
	9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 11/30/17	Payee name WOODFOREST NATIONAL BANK		
Amount (\$) 12.00	Payee address; City; State; Zip Code PO BOX 7889 THE WOODLANDS, TX 77387		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING / BANKING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MONTHLY ACCT SVC CHARGE	
	9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date 12/1/17	Payee name EAST MONTGOMERY COUNTY FAIR ASSOCIATION		
Amount (\$) 500.00	Payee address; City; State; Zip Code PO BOX 704 PORTER TX 77365		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE - DONATION MADE BY CANDIDATE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSORED YOUTH	
	9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

7 of 7

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME **JEANIE STEWART** 3 Filer ID (Ethics Commission Filers)

4 Date **12/3/17** 5 Payee name **TOYS FOR TOTS**

6 Amount (\$) **245.00** 7 Payee address; City; State; Zip Code **18251 Quantico Gateway DRIVE TRIANGLE, VA 22172-1776**

8 PURPOSE OF EXPENDITURE **DONATION MADE BY CANDIDATE / ADVERTISING**

(a) Category (See Categories listed at the top of this schedule)

(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense
SPONSORED YOUTH

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **12/21/17** Payee name **TEXAS GOP STORE**

Amount (\$) **798.89** Payee address; City; State; Zip Code **404 I-45 SOUTH HUNTSVILLE, TX 77346**

PURPOSE OF EXPENDITURE **ADVERTISING EXPENSE**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense
SIGNS

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **12/31/17** Payee name **WOODFOREST NATIONAL BANK**

Amount (\$) **12.00** Payee address; City; State; Zip Code **PO BOX 7889 THE WOODLANDS, TX 77387**

PURPOSE OF EXPENDITURE **ACCOUNTING / BANKING**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense
MONTHLY ACCT SRVC CHARGE

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED