

# 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:

4

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Patrick

J

NICKNAME

LAST

SUFFIX

Pat

Steffek

OFFICE USE ONLY

FILED FOR RECORD  
AT 8:32 o'clock A M

JAN 12 2026

Tenia Hudson  
Elections Administrator, Lavaca County  
By Patsy Wiser

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;  
P.O. Box 113

APT / SUITE #;

Hallettsville

STATE;

TX

ZIP CODE

77964

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(316 )

798-6927

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Christie

R

NICKNAME

LAST

SUFFIX

Steffek

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

1363 CR 235

CITY;

Hallettsville

STATE;

TX

ZIP CODE

77964

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(361 )

798-0841

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign  
treasurer appointment  
(Officeholder Only)



July 15



8th day before election



Exceeded Modified  
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

8

/

14

/

25

THROUGH

Month

Day

Year

12

/

31

/

25

11 ELECTION

ELECTION DATE

Month

Day

Year

3

/

3

/

26

ELECTION TYPE



Primary



Runoff



Other  
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Lavaca County Commissioner Precinct #2

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'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 TYPE

COMMITTEE NAME



GENERAL

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		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)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	187.19
	4. TOTAL POLITICAL EXPENDITURES	\$	4,228.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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.

*Pat Steffek*

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 \_\_\_\_\_, 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 Pat J Steffek, and my date of birth is 04-29-1966.

My address is 1363 CR 235, Hallettsville, Texas, 77964, USA.

Executed in Lavaca (street) County, State of Texas (city), on the 12 day of January, 2026 (state) (zip code) (country) (month) (year).

*Pat Steffek*  
Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Patrick J Pat Steffek

20 Filer ID (Ethics Commission 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 CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4,040.91
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### 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 G:	2 FILER NAME Patrick J Pat Steffek	3 Filer ID (Ethics Commission Filers)
4 Date 11/08/2025	5 Payee name Lavaca County Republican Party	
6 Amount (\$) 750.00 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code P.O. Box 656 Hallettsville TX 77964 <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing fee
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12/11/2025	Payee name CH Graphics	
Amount (\$) 3,290.91 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code P.O. Box 247 Hallettsville TX 77964 <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Two-sided Coloplast Sign w/stakes
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)  <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code  <small>Check if individual's residence address.</small>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held