# 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 f	<sup>1led:</sup> 26
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Steven	MI E		USEONLY
	NICKNAME	Greenwell	SUFFIX	FILED FO	R RECORD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P. O. Box 61		allettsville TX 77964	MAY	2 0 <b>2024</b>
Change of Address				Elections Adminis	strator, Lavaca County
5 CANDIDATE/ OFFICEHOLDER PHONE	(361 )	798-4975	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr.	FIRST Shelly	M M	Receipt #	Amount \$
, , , , , , , , , , , , , , , , , , , ,	NICKNAME Mike	Rains	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address 198 County	(NO PO BOX PLEASE); APT / SI Road 200	Hallettsville	STATE: TX	77964
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 868-7110	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before e		treasurer a (Officehold	fter campaign appointment er Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 2	Day Year / 25 / 24	THROUGH 5	Day Yes / 18 / 24	
11 ELECTION	Month Day	Year Primary  24 General	Runoff Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known Lavaca County		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES IN IMAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	Charles & Ward Carrier Co.		
		GO TO	PAGE 2		
		30 10	7022		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Steven E. Greenwell		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION     PLEDGES, LOANS, OR GUARANTEES OF LOA     CONTRIBUTIONS MADE ELECTRONICALLY)	
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARAN	NTEES OF LOANS) \$ 13,469.56
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,366.10
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAIN     OF REPORTING PERIOD	NED AS OF THE LAST DAY \$ 4,486.08
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANI LAST DAY OF THE REPORTING PERIOD	DING LOANS AS OF THE \$ 0.00
	Please complete either	Signature of Candidate or Officeholder  option below:
1) Affidavit	TERRI BROO	option below:  OK PRESLEY  State of Texas
1) Affidavit	TERRI BROG Notary Public, Comm. Expire	option below:
NOTARY STAMP/SEAL	TERRI BROG Notary Public, Comm. Expire Notary ID	OOK PRESLEY S, State of Texas res 06-05-2027 134391567
NOTARY STAMP/SEAL	before me by Steven E. Greenwawhich, witness my hand and seal of office.	option below:  OOK PRESLEY  State of Texas res 06-05-2027 134391567  Dell this the 20th day of May
NOTARY STAMP/SEAL Sworn to and subscribed 20 24 to certify	before me by Steven E. Greenward which, witness my hand and seal of office.  Brook Presieur	option below:  OOK PRESLEY  State of Texas res 06-05-2027 134391567  Mell this the 20th day of May  Asst. Auditor
NOTARY STAMP/SEAL Sworn to and subscribed 20 24 , a certify	before me by Steven E. Greenward which, witness my hand and seal of office.  Brook President	option below:  OOK PRESLEY  State of Texas res 06-05-2027 134391567  Mell this the 20th day of May  Asst. Auditor
NOTARY STAMP/SEAL Swom to and subscribed 20 2 4 , to certify  Company to the certify of the certify of officer administer	before me by Steven E. Greenway which, witness my hand and seal of office.  Printed name of officer administering of the search	option below:  OOK PRESLEY  State of Texas res 06-05-2027 134391567  Mell this the 20th day of May  Asst. Auditor
NOTARY STAMP/SEAL Sworn to and subscribed 20 2 4	before me by Steven E. Greenway which, witness my hand and seal of office.  Printed name of officer administering of the search	option below:  OOK PRESLEY State of Texas res 06-05-2027 134391567  Oell this the 20th day of May Asst. Auditor Title of officer administering oat
NOTARY STAMP/SEAL Sworn to and subscribed 20 2 4	before me by Steven E. Greenway Notary ID  before me by Steven E. Greenway which, witness my hand and seal of office.  Brook Presieur ing oath  Printed name of officer administering on	option below:  OOK PRESLEY State of Texas res 06-05-2027 134391567  Oell this the 20th day of May Asst. Auditor Title of officer administering oat
NOTARY STAMP/SEAL Sworn to and subscribed 20 2 4, ta certify White Signature of officer administer 2) Unsworn Declaration My name is My address is	before me by Steven E. Greenwe which, witness my hand and seal of office.  Brook President on the printed name of officer administering of the printed name of the pri	option below:  OOK PRESLEY State of Texas res 06-05-2027 134391567  Asst. Auditor Title of officer administering oat  my date of birth is  (city) (state) (zip code) (country)

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

	ven E. Greenwell	ID (Ethics Commis	sion Filers)
	CHEDULE SUBTOTALS IAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s	10,013.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	3,456.56
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	4. SCHEDULE E: LOANS		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			15,366.10
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			885.00
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	ions \$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETO FILER	TURNED \$	0.00

#### SCHEDULE A1

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 A1: 4 9
2 FILER NAME Steven E.	. Greenwell	3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2024	5 Full name of contributor out-of-state PAC (IDII:) Dorothy Dobbs 6 Contributor address; City; State; Zip Code 1831 Co. Rd. 1 Hallettsville TX 77964	7 Amount of contribution (\$) 40.00
8 Principal occu retired	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date 02/22/2024	Full name of contributor out-of-state PAC (IDIK:)  LuAnn O'Conner  Contributor address; City; State; Zip Code  P. O. Box 1878 Victoria TX 77902-1878	Amount of contribution (\$)
Principal occup real estate a	pation / Job title (See Instructions) Employer (See Instructions)  gent self	tions)
Date 02/27/2024	Full name of contributor out-of-state PAC (ID#:)  James F. Fenner  Contributor address; City; State; Zip Code  206 FM 2616 Hallettsville TX 77964	Amount of contribution (\$) 250.00
Principal occu Landman	pation / Job title (See Instructions) Employer (See Instructions) Self	lions)
Date 03/05/2024	Full name of contributor out-of-state PAC (ID#:)  Robert Greenwell  Contributor address; City; State; Zip Code  RT 1 Box 102 Gonzales TX 7862	Amount of contribution (\$)  1,000.00
Retired	pation / Job title (See Instructions) Employer (See Instructions)	tions) .

SCHEDULE A1

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 A1: 9
Steven E	Greenwell	3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2024	5 Full name of contributor out-of-state PAC (ID8:) Lynne Gordon Aronoff 6 Contributor address; City; State; Zip Code 2221-B Potomac Dr. Houston TX 77057	7 Amount of contribution (\$)  150.00
	upation / Job title (See Instructions)  9 Employer (See Instructions)  9 Insul General to Hungary	ctions)
Date 03/04/2024	Full name of contributor out-of-state PAC (ID#:)  Robert D. Mapes  Contributor address; City; State; Zip Code  13702 Oak Pebble, San Antonio, TX 78 232	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date 03/11/2012	Full name of contributor out-of-state PAC (ID#:)  Carl Herbst  Contributor address; City; State; Zip Code  8105 FM 318 Hallettsville, TX 77964	Amount of contribution (\$)
	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date 03/10/2024	Full name of contributor out-of-state PAC (IDE:)  Robert Rutt  Contributor address; City; State; Zip Code  9843 Cobalt Cove Willis TX 77318	Amount of contribution (\$)
	eral Law Officer Employer (See Instructions)  Employer (See Instructions)  Self	ctions)

SCHEDULE A1

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 A1
2 FILER NAME Steven E	. Greenwell	3 Filer ID (Ethics Commission Filers)
4 Date 03/13/2024	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 100.00
8 Principal occ retired	upation / Job title (See Instructions)  9 Employe Self	r (See Instructions)
Date 03/19/2024	Edward Nieto  Contributor address; City: State; Zi 885 FM 532 Moulton TX 77	100.00
Principal occu Banker	pation / Job title (See Instructions)  Employe  Crossroad	r (See Instructions) ds Bank
Date 03/22/2024	Full name of contributor out-of-state PAC (ID#:	500.00
Principal occu Private Inves	[전경][10][10][10][10][10][10][10][10][10][10	r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Mike Hoelscher	Amount of contribution (\$)
03/29/2024	P. O. Box 25 Sweet Home TX 77987	100.00

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME Steven E	. Greenwell		3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2024	5 Full name of contributor Novosad Law Group  6 Contributor address; City; C7 Sugar Creek Blvd. Sugarland,	State; Zip Code	7 Amount of contribution (\$) 1,000.00
8 Principal occi Law Firm Pro	oprietor 9 No	Employer (See Instruction	ons)
Date 04/03/2024	Full name of contributor out-of-state PAC (ID Jim E. & Cynthia Cardiff  Contributor address; City;  1847 Co. Rd. 14, Hallettsville, TX	State; Zip Code	Amount of contribution (\$)
Principal occu Rice Farmer	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (IDI	H:	Amount of contribution (\$)
04/04/2024		State; Zip Code	200.00
	Contributor address; City; 5	September 1997 September 1997	
	Contributor address; City; State 14254 F.R. 530 Hallettsville, TX 7 pation / Job title (See Instructions)  Full name of contributor out-of-state PAC (ID: Ray Lamb	#:) State; Zip Code	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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#### SCHEDULE A1

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The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1
2 FILER NAME Steven E	Greenwell		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2024	5 Full name of contributor put-of-state PAC (ID#:) Patrick L Clay		7 Amount of contribution (\$) 250.00
8 Principal occu Retired Law	06	Employer (See Instructi	ons)
Date 04/14/2024	Carl Hobbs  Contributor address; City;  2217 FM 957 Hallettsville	State; Zip Code	Amount of contribution (\$) 50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/14/2024	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)
04/14/2024	P. O. Box 788 Hallettsville, TX 7	State; Zip Code	500.00
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/14/2024	Full name of contributor  Linda Perry Petty  Contributor address;  City:  14297 FM 530 Hallettsville TX 7	State; Zip Code	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions)	Employer (See Instruction	ons)

#### SCHEDULE A1

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

Th	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 9
2 FILER NAME Steven E	. Greenwell		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (	nD#:)	7 Amount of contribution (\$)
04/14/2024	6 Contributor address; City; 8105 FM 318 Hallettsville	State; Zip Code Tx 77964	100.00
8 Principal occ Retired	upation / Job title (See Instructions)	Employer (See Instruction	ens)
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of contribution (\$)
04/14/2024	Contributor address; City; 210 CR 146 Sublime TX 77986-2		200.00
Principal occu Minister	pation / Job title (See Instructions)	Employer (See Instruction Calvary Baptist Church	
Date		ID#:)	Amount of contribution (\$)
04/14/2024	James Fenner  Contributor address; City;  206 FM 2616 Hallettsville		500.00
Principal occu Landman	pation / Job title (See Instructions)	Employer (See Instructio	ns)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
04/14/2024	J. R. Davis  Contributor address; City;  P. O. Box 582 Boling T	State; Zip Code X 77420	250.00

#### SCHEDULE A1

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The	Instruction Cutdo sculato by		1 Total pages Schedule A1: O
	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 9
Steven E	Greenwell		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state Evelyn Dixon	PAC (ID#:)	7 Amount of contribution (\$)
04/14/2024	6 Contributor address; City: 1141 US Hwy 77 S, Hallettsv	State; Zip Code ille Tx 77964	50.00
8 Principal occi Retired	ipation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 04/14/2024	Full name of contributor out-of-state  Charlotte Hale	PAC (ID#:)	Amount of contribution (\$)
04/14/2024	803 E. 1st St. Hallettsville TX 77964		50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 04/16/2024	Full name of contributor sut-of-state  Mark/Ruth Schneider	PAC (ID#:)	Amount of contribution (\$)
04/10/2024	Contributor address; City: 798 Co. Rd. 198 Hallettsville,	State; Zip Code TX 77964	25.00
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state  Jessica Zak	PAC (ID#:)	Amount of contribution (\$)
04/29/2024	Contributor address; City; A 2570 Los Alfnos Pass Round	State: Zip Code  Rock TX 78665	250.00

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1:
2 FILER NAME Steven E	. Greenwell		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state F  James Fenner	PAC (ID#:)	7 Amount of contribution (\$)
05/01/2024	6 Contributor address; City; 206 FM 2616 Hallettsville TX	State; Zip Code	250.00
8 Principal occi andman	upation / Job title (See Instructions)	9 Employer (See Instruction Self	ons)
Date	Full name of contributor out-of-state P Beverly Blahuta	PAC (ID#:)	Amount of contribution (\$)
05/05/2024	Contributor address; City: 1100 N. Texana Hallettsville T	State; Zip Code X 77964	100.00
	pation / Job title (See Instructions) notional items	Employer (See Instruction Blahuta Advertising	
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)
05/05/2024	Jerry Tanner  Contributor address; City;  210 Co. Rd. 146 Sublime, TX	State; Zip Code 77986-2008	100.00
Principal occu ninister	pation / Job title (See Instructions)	Employer (See Instruction Calvary Baptist-Weir	
Date 05/08/2024	Full name of contributor out-of-state Promote Matt Michal  Contributor address; City;  P. O. Box 515 Moulton	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

#### SCHEDULE A1

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

The	Instruction Guide explains how	to complete t	his form	1 Total pages Schedule A1:
2 FILER NAME		- compions		9
	. Greenwell			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Marilyn H. Michal	out-of-state	PAC (ID#:)	7 Amount of contribution (\$)
05/05/2024	6 Contributor address; P. O. Box 466 N	city: Moulton	State; Zip Code	50.00
8 Principal occi Retired	upation / Job title (See Instructions)		9 Employer (See Instru Self	ctions)
Date	Full name of contributor Michael W Marrs	put-of-state	PAC (ID#:)	Amount of contribution (\$)
05/08/2024	Contributor address; City; State; Zip Code 3315 Red Cliff Dr. Temple TX 76502		500.00	
Principal occu Achitect	pation / Job title (See Instructions)		Employer (See Instruction Marrs Architects (s	
Date 05/13/2024	Full name of contributor Skip & Donna Smith		PAC (ID#:)	Amount of contribution (\$)
	827 Co. Rd. 226 Sch	city; nulenburg	TX 78956	250.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state F	PAC (IDIF:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
		0		

#### SCHEDULE A2

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

1	The Instruction Guide explains how to complete this for	m.	1 Total pages Sched	dule A2:	
2 FILER NAM			3 Filer ID (Ethics Co	ommission Filers)	
Steven	E. Greenwell				
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIL	BUTIONS	\$ 0.00		
5 Date 6 Full name of contributor out-of-state PAC (ID#:  James Baker  02/27/2024 7 Contributor address; City; State; Zip Code  Hallettsville TX 77964			8 Amount of Contribution \$   9 In-kind contribution   125.00   Food-material and preparation   Check if travel outside of Texas. Complete Science   Check   Contribution   Check   Check		
10 Principal oc retired a	airline pilot/manager of Hville airport	11 Employe self	FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor	s principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of	In-kind contribution	
	Charles Proschko		Contribution \$	description Hall Rental	
02/27/2024	Contributor address; City; State;	Zip Code	375.00		
	555 CR 404 Yoakum TX 77	7995	Check if travel outsi	I ide of Texas. Complete Schedule T,	
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Self	F (FOR NON-JUDICIA	AL)(See Instructions)	
Contributor	s principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	JDICIAL) (See Instructions)	
Contributor	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

SCHEDULE A2

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

т	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
Steven E	E. Greenwell		3 Filer ID (Ethics Commission Filers)			
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 0.00			
5 Date 6 Full name of contributor out-of-state PAC (ID#:			8 Amount of Contribution \$   9 In-kind contribution description   550.00   Blases Hall rental   fee    Check if travel outside of Texas. Complete Schedule T.			
	cupation / Job title (FOR NON-JUDICIAL)(See Instructions) airline pilot/manger of Hville airport	11 Employe self	er (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 contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor		Amount of Contribution \$ In-kind contribution description food and preparation			
04/14/2024	Contributor address; City; State; 2321 Coteau Rogaire Hwy Armaudville LA 70512-	Zip Code 0000	1,200.00 of meal at rally  Check if travel outside of Texas. Complete Schedule T.			
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) and Safety Director		or (FOR NON-JUDICIAL)(See Instructions)			
Contributor'	s principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)			
Contributor'	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)			
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

#### SCHEDULE A2

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

т	he Instruction Guide explains how to complete this form	1 Total pages Schedule A2: 4 3 Filer ID (Ethics Commission Filers)		
Steven E	E. Greenwell			
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ 000	)
5 Date 05/05/2024	6 Full name of contributor  uut-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$ 500.00	9 In-kind contribution description donated fee for playing at Rally ide of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) ountry Western Band	11 Employe self	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	use (If any) (FOR JUDICIAL)
16 If contribute	Full name of contributor   out-of-state PAC (ID#:	)	Amount of	In-kind contribution
	Adam Nieto		Contribution \$	description weiners and buns for
05/05/2024	P. O. Box 398 Moulton TX 7	Zip Code 77975	58.00 Check if travel outs	meet and greet  meet and greet  ide of Texas. Complete Schedule T.
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDIC	AL)(See Instructions)
Contributor	's principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR Ju	JDICIAL) (See Instructions)
Contributor	's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

#### SCHEDULE A2

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

Т	he Instruction Guide explains how to complete this for	1 Total pages Schedule A2:			
Steven E	E. Greenwell		3 Filer ID (Ethics Commission Filers)		
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 000		
5 Date 6 Full name of contributor out-of-state PAC (ID#:  Jim Baker  05/13/2024 7 Contributor address; City; State; Zip Code			8 Amount of Contribution \$   9 In-kind contribution description   Pork Butts for 2 meet and greets and election watch		
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor	s principal occupation (FOR JUDICIAL)	13 Contribu	utor'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 contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	)	Amount of In-kind contribution description keg for Shiner and		
05/13/2024	Contributor address; City; State;	Zip Code	178.00 Yoakum meet and greet.  Check if travel outside of Texas. Complete Schedule		
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (If any) (FOR JUDICIAL)				

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gifl/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Clining i	Expense Wages/Contract Labor	Travel In District Travel Out Of Distri Other (enter a categ	ct gory not listed above)		
Total pages Schedule F1:	2 FILER NAME Steven E. Greenwell	3 Filer ID (Ethics Commission Filers)				
Date 02/26/2024	5 Payee name Chris Nicholson		1			
3 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
675.00	P. O. Box 2522	TX				
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	77902			
PURPOSE OF EXPENDITURE	Consulting Expense Advice on Campaign appearnces & message					
	(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 sought		Office held		
Date	Payee name					
02/27/2024	Hallettsville Tribune-Herald					
Amount (\$)	Payee address;	City;	State;	Zip Code		
1,691.35	P. O. Box 427	Hallettsville	TX	77964		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Political Ads in Yoakum, Shiner, Moulton and Hallettsville papers					
	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 sought		Office held		
Date	Payee name					
02/26/2024	Thunder Radio					
Amount (\$)	Payee address;	City;	State;	Zip Code		
100.00	P. O. Box 1388	Shiner	TX	77984		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising	Promotional a	ds on radio 2	/26-27/2024		
	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense				

SCHEDULE F1

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
Candidact/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Rapayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (poter a category pot listed above)

Contributions/Donations Made B Candidate/Officeholder/Politics Cradit Card Payment	T I I I I I I I I I I I I I I I I I I I	Wages/Contract Labor	Travel Out Of Distri Other (enter a categ	ct pory not listed above)		
Total pages Schedule F1:	2 FILER NAME Steven E. Greenwell		3 Filer ID (Ethics Commission Filers)			
Date 02/28/2024	5 Payee name Thunder Radio					
Amount (\$)	7 Payee address;	City;	State;	Zip Code		
250.00	P.O. Box 1388	Shiner	TX	77984		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Promotional ads from 2/28-3/5/24				
	(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 sought		Office held		
Date	Payee name					
02/29/2024	Yoakum Chamber of Commerce					
Amount (\$)	Payee address;	City;	State;	Zip Code		
100.00	105 Huck Street	Yoakum	TX	77995		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Food and Beverages for meet and greet					
	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 sought		Office held		
Date	Payee name					
03/04/2024	Texas Thunder Radio					
Amount (\$)	Payee address;	City;	State;	Zip Code		
400.00	P. O. Box 1388	Shiner	TX	77984		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising	Promotional ad	s			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, afficeholder living expense					
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		

SCHEDULE F1

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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense 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 3 Filer ID (Ethics Commission Filers) Steven E. Greenwell 4 Date 5 Payee name 03/05/2024 El Vaguero Mexican Restaurant 6 Amount (\$) 7 Payee address; City; State; Zip Code 114 N. La Grange 784.81 Hallettsville TX 77964 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Food/Beverages appreciation/election OF watch party **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 03/12/2024 Chris Nicholson Amount (\$) Pavee address: City; State: Zip Code P. O. Box 2522 Victoria TX 1,500.00 Category (See Categories listed at the top of this schedule) Description Consulting Expense Advice on appearances and overall messages PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 03/13/2024 Citi Cards Amount (\$) Payee address; City: State: Zip Code P. O. Box 78045 Phoenix AZ 85062 885.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Multi-media advertising OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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 Gitt/Awards/Memonals 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 calegory not listed above)

Printing Expense Candidate/Officeholder/Political Committee 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 Steven E. G 3 Filer ID (Ethics Commission Filers) Steven E. Greenwell 4 Date 5 Payee name 03/20/2024 Rapid Printing 6 Amount (\$) 7 Payee address: City; State; Zip Code 1708 N. Navarro 431.37 Victoria TX 77901 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Advertising Promotional Signs OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 02/07/2024 UPS Store #5474 Amount (\$) Payee address: City; State; Zip Code 8806 N. Navarro Ste. 600 Victoria TX 77901 210.00 Category (See Categories listed at the top of this schedule) Description Advertisiing Door Hanger brochures PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date Payee name 02/21/2024 UPS Store #5474 Amount (\$) Payee address; City: State: Zip Code 806 N. Navarro Ste. 600 Victoria TX 77901 1,610.95 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising and postage Printing of mailout brochure and postage OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

#### **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 Steven E. C 3 Filer ID (Ethics Commission Filers) Stevem E. Greenwell 4 Date 5 Payee name 02/28/2024 UPS Store #5474 6 Amount (\$) 7 Payee address; City; State: Zip Code 806 N. Navarro Ste. 600 Victoria TX 77901 1,610.95 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising and postage printing of brochure and postage for PURPOSE OF mailout **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/02/2024 Chris Nicholson Amount (\$) Pavee address: City; Zip Code State: P. O. Box 2522 Victoria 77902 TX 1,300.00 Category (See Categories listed at the top of this schedule) Description Consulting Fees bonus for candidate being in GOP runoff PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 04/08/2024 Rapid Printing LLC Amount (\$) Payee address; State: Zip Code City: 1708 N. Navarro Suite 300 Victoria TX 77901 446.53 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Promotional Signs OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense GitVAwards/Mernorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wanses/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Other (enter a category por listed above)

Total pages Schedule F1:	2 FILER NAME		3 Filer ID /File	on Commission Files		
8	Steven E. Greenwell  3 Filer ID (Ethics Commission F					
Date	5 Payee name					
04/16/2024	Blase's Hall					
Amount (\$)	7 Payee address;	City;	State;	Zip Code		
500.00	4228 Hwy 90-A West	Hallettsville	TX	77964		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Food/Beverage Expense	1	rally			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	ng expense		
Complete ONLY if direct expenditure to benefit C/OR	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
04/24/2024	Yoakum Band Boosters					
Amount (\$)	Payee address;	City;	State;	Zip Code		
100.00	102 Lakeside Drive	Yoakum	TX	77995		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising donation for purchase of 2 \$50 gift certificates YBB raffles					
	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 sought	***************************************	Office held		
Date	Payee name					
05/01/2024	Kountry Bakery					
Amount (\$)	Payee address;	City;	State;	Zip Code		
151.55	802 E. 4th St.	Hallettsville	TX	77964		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Food/Beverage expense	Sandwiches fo	or Hope rally			
Later and the second	Check if travel outside of Texas. Complete Schedule T.	travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		

#### SCHEDULE F1

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 Event Expense Solicitation/Fundralsing Expense Office Overhead/Rental Expense Consulting Expense Transportation Equipment & Related 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 3 Filer ID (Ethics Commission Filers) Steven E. Greenwell 4 Date 5 Payee name 05/01/2024 Lavaca County Office Supply 6 Amount (\$) 7 Payee address: City; State: Zip Code 107 N. Main St. Hallettsville 39.29TX 77964 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Adverstising Flyers for distribution at Hope rally OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY If direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/01/2024 Hope Community Center Amount (\$) Pavee address: City; State: Zip Code 1223 CR 413 Yoakum TX 77995 100.00 Category (See Categories listed at the top of this schedule) Description Event Expense Community Center Hall Rental fee PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY If direct Office sought Office held expenditure to benefit C/OH Date Payee name 05/05/2024 George's Place Amount (\$) Pavee address: City: State: Zip Code 700 S. Lancaster Moulton TX 77975 181.00 Category (See Categories listed at the top of this schedule) Description **Event Expense** RAlly PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

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#### SCHEDULE F1

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Travel In District
Salaries/Wages/Contract Labor Other (enter a c

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

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 3 Filer ID (Ethics Commission Filers) Steven E Greenwell 4 Date 5 Payee name 05/17/2024 Hallettsville Tribune Herald 6 Amount (\$) 7 Payee address; City; State; Zip Code P. O. Box 427 Hallettsville 1,892.45 TX 77964 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Advertising **PURPOSE** ads in paper invoices 2163,2164,2165 OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 05/17/2024 Adam Nieto Amount (\$) Pavee address: City: State: Zip Code P. O. Box 398 Moulton 105.46 TX 77975 Category (See Categories listed at the top of this schedule) Description Event Expense reimbursement for supplies for meal at Moulton PURPOSE OF meet and greet EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 05/04/2024 Rapid Printing and Design Amount (\$) Payee address; City: Zip Code State 1708 N. Navarri Victoria TX 77901 300.39 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Signs OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### EXPENDITURES MADE BY CREDIT CARD

#### SCHEDULE F4

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

		EXPENDITUR	E CATEG	ORIES F	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	EXPENDITURE CATEGORIES FOR BOX 10(a)  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  The Instruction Guide explains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F4:	2 FILER					3 Filer ID (Eth	ics Commission Filers)	
1	Strven E	. Greenwell				O FROITE (EU	ics commission rilets)	
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CH	ARGED	TOACE	EDIT CARD	\$ 0.00		
5 Date	6 Payee	name						
03/13/2024	Citi Card	ds						
7 Amount (\$)	8 Payee	address;			City;	State:	Zip Code	
885.00	P. O. Bo	x 78045			Phoenix	AZ	85062	
9 TYPE OF EXPENDITURE		Political		Non-Po	litical			
10 PURPOSE OF EXPENDITURE	Advertising			(b) Description Promotional Facebook	Promotional video time slots on			
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, T					istin, TX, officeholder	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder	name	0	ffice sought	Offic	ce held	
Date	Payee	name						
Amount (\$)	Payee	address;			City;	State;	Zip Code	
TYPE OF EXPENDITURE		Political		Non-Po	litical			
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at t	the top of this s	chedule)	Description			
	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	Can	didate / Officeholder	name	0	ffice sought	Offic	ce held	
	ATTAC	CH ADDITIONAL CO	OBIES OF	THIS	CHEDINE AS WE	EDED		

### 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

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Steven E. Greenwell 4 Date 04/09/2024 Lavaca County Office Supply 6 Amount (\$) 7 Payee address; City; State: Zip Code 27.06 107 N. Main St. Hallettsville TX 77964 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Advertising Copies of promotional flyer for Rally OF **EXPENDITURE** Check if travel outside of Taxas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/18/2024 Lavaca County Office Supply Amount (\$) Payee address: City: State: Zip Code 23.79 107 N. Main Hallettsville TX 77964 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Printing of labels EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/27/2024 Walmart - Hallettsville Amount (\$) Payee address; City: State: Zip Code 44.52 1506 N. Texana Hallettsville TX 77964 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Microchip for production of video OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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