

# 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: <b>7</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Steven	E
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX
		Greenwell	
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX:	APT / SUITE #:	CITY; STATE; ZIP CODE
	1320 FM 530		Hallettsville TX 77964
6 CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION
	(512 )	798-4975	
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR	FIRST	MI
	Mr.	Shelly	M
8 CAMPAIGN TREASURER PHONE	NICKNAME	LAST	SUFFIX
	Mike	Rains	
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	198 County Road 200 Hallettsville TXD 77964		
10 PERIOD COVERED	AREA CODE	PHONE NUMBER	EXTENSION
	(512 )	868-7110	
11 ELECTION	<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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
12 OFFICE	Month	Day	Year
	12	8	23
13 OFFICE SOUGHT (if known)	Month	Day	Year
	12	31	23
14 NOTICE FROM POLITICAL COMMITTEE(S)	ELECTION DATE		
	Month	Day	Year
Additional Pages	ELECTION TYPE		
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
OFFICE HELD (if any)		OFFICE SOUGHT (if known)	
Justice of Peace Pct 1 (Resigned)		Lavaca County Sheriff	
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	
		COMMITTEE CAMPAIGN TREASURER NAME	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS	

**FILED FOR RECORD**  
 OFFICE USE ONLY  
 AT 11:08 o'clock AM  
 Date Received  
**JAN 16 2024**  
 Terja Hudson  
 Elections Administrator, Lavaca County  
 By *[Signature]*

**GO TO PAGE 2**

# 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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,646.59
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 23.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,366.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,120.29
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.

Steven E. Greenwell  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Steven E. Greenwell this the 12<sup>th</sup> day of January

20 24, to certify which, witness my hand and seal of office.

Connie S. Janak Connie S. Janak Lavaca County JPI Court Clerk  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> Steven E. Greenwell		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 9,646.59
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,526.36
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 839.70
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 CONTRIBUTIONS		\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00

# MONETARY POLITICAL CONTRIBUTIONS

# 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: <b>2</b>
2 FILER NAME <b>Steven E. Greenwell</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/08/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Kelly Mudd</b> 6 Contributor address; City; State; Zip Code <b>55 FM 340 Hallettsville TX 77964</b>	7 Amount of contribution (\$) <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions) <b>Owner, Tractor Sales/Repair Dealership</b>		9 Employer (See Instructions) <b>Self-Employed</b>
Date <b>12/13/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>James Fenner</b> Contributor address; City; State; Zip Code <b>503 E. 4th St. Hallettsville TX 77964</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions) <b>Pertoleum Landman</b>		Employer (See Instructions) <b>Self-Employed</b>
Date <b>12/20/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Shelly M. Rains</b> Contributor address; City; State; Zip Code <b>198 County Rd. 200 Hallettsville TX 77964</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>12/20/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jerry Teltshick</b> Contributor address; City; State; Zip Code <b>19357 FM 530 Hallettsville TX 77964</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (See Instructions) <b>Rancher</b>		Employer (See Instructions) <b>Self</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# 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: <b>2</b>
2 FILER NAME <b>Steven E. Greenwell</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/22/2023</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Jerry Tanner</b> ..... 6 Contributor address; City; State; Zip Code <b>210 Co. Rd. 146 Sublime TX 77986</b>	7 Amount of contribution (\$)  <b>200.00</b>
8 Principal occupation / Job title (See Instructions) <b>Clergy</b>		9 Employer (See Instructions) <b>Calvary Baptist Church - Weimar, TX</b>
Date <b>12/27/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Robert E. Greenwell</b> ..... Contributor address; City; State; Zip Code <b>Rt. 1 Box 102 Gonzales TX 78629</b>	Amount of contribution (\$)  <b>4,000.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>12/29/2023</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>C. F. Trotter</b> ..... Contributor address; City; State; Zip Code <b>P. O. Box 788 Hallettsville TX 77964</b>	Amount of contribution (\$)  <b>2,000.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# 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	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.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Steven E. Greenwell	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/08/2023	<b>5</b> Payee name Lavaca County Republican Party	
<b>6</b> Amount (\$) 750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; 108 N. LaGrange	City; State; Zip Code Hallettsville TX 77964
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Filing Fee	<b>(b)</b> Description Filing fee for Lavaca Co. Sheriff
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Steven E. Greenwell	Office sought Lavaca Co. Sheriff
		Office held J. P. Pct 1
Date 12/19/2023	Payee name UPS Store	
Amount (\$) 22.74 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 8806 N. Navarro	City; State; Zip Code Victoria TX 77904
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Push Cards (business card size)
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Steven E. Greenwell	Office sought Lavaca Co. Sheriff
		Office held J. P. Pct 1
Date 12/27/2023	Payee name Tractor Supply Company	
Amount (\$) 66.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 723 N. Hwy 77	City; State; Zip Code Hallettsville TX 77964
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Electric fence posts to use for support of large signs
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Steven E. Greenwell	Office sought Lavaca Co. Sheriff
		Office held J. P. Pct 1

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Steven E. Greenwell	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/29/2023	<b>5</b> Payee name Hallettsville Tribune-Herald	
<b>6</b> Amount (\$) 415.80	<b>7</b> Payee address; P. O. Box 427	City; State; Zip Code Hallettsville TX 77964
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Political Ads in local papers
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Steven E. Greenwell	Office sought Office held Lavaca Co. Sheriff J. P. Pct. 1
Date 12/29/2023	Payee name Rapid Printing and Design	
Amount (\$) 2,087.50	Payee address; 1708 N. Navarro	City; State; Zip Code Victoria TX 77964
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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