

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:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST <u>Dezell</u> MI _____ NICKNAME _____ LAST <u>Estep</u> SUFFIX _____										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>2009 Timberline Ct</u> <u>Brenham, TX 77833</u>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 694-2309</u>										
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST <u>Joe</u> MI _____ NICKNAME _____ LAST <u>Romo</u> SUFFIX _____										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>2720 Bluebonnet Blvd</u> <u>Brenham, TX 77833</u>		Date Hand-delivered or Date Postmarked <u>1/16/2024</u>								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(512) 423-1598</u>		Receipt # _____ Amount \$ _____								
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)		Date Processed <u>1/16/2024</u> Date Imaged <u>1/16/2024</u>								
10 PERIOD COVERED	Month Day Year Month Day Year <u>7 / 1 / 23</u> THROUGH <u>12 / 31 / 23</u>										
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☒ Primary ☐ Runoff ☐ Other Description <u>3 / 5 / 24</u> ☐ General ☐ Special										
12 OFFICE	OFFICE HELD (if any) <u>NONE</u>	13 OFFICE SOUGHT (if known) <u>Washington County District Attorney</u>									
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>☐ GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>☐ SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
☐ GENERAL	COMMITTEE ADDRESS										
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

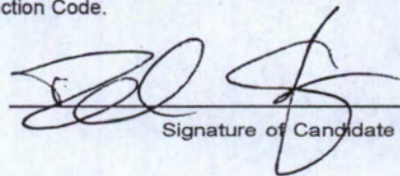
FORM C/OH
COVER SHEET PG 2

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)	\$ 20.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5015.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 3710.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 754.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

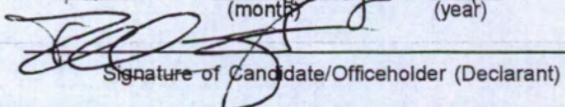
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Dick Estep, and my date of birth is 1/12/82.
My address is 2009 Timberline Ct, Briarham, TX, 77853.
(street) (city) (state) (zip code) (country)

Executed in Washington County, State of Texas, on the 16th day of January, 2024.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Derek Estep

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☐	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4445.00</i>
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>550.00</i>
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>- 0 -</i>
4.	☐	SCHEDULE E: LOANS	\$ <i>- 0 -</i>
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3710.77</i>
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>- 0 -</i>
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>- 0 -</i>
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>- 0 -</i>
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>- 0 -</i>
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>- 0 -</i>
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>- 0 -</i>
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>- 0 -</i>

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: 7
2 FILER NAME Derek Estep		3 Filer ID (Ethics Commission Filers)
4 Date 10-2-23	5 Full name of contributor out-of-state PAC (ID# _____) Leish Linden	7 Amount of contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code 2711 E. Chelindane, Brenham, TX 77833		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) C O B
Date 10-2-23	Full name of contributor out-of-state PAC (ID# _____) Larric Coston	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2100 Timberline Ct, Brenham, TX 77823		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-3-23	Full name of contributor out-of-state PAC (ID# _____) Nick Thomas	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1011 Seacrest Lane, Folly Beach, SC 29439		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-12-23	Full name of contributor out-of-state PAC (ID# _____) Austin Hewitt	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 1107 West Washill Dr, Cleburne, TX 76033		
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Derek Estep		3 Filer ID (Ethics Commission Filers)
4 Date 10-24-23	5 Full name of contributor out-of-state PAC (ID#: Gregory T. CLAY SKY 6 Contributor address; City; State; Zip Code 2308 Ralston Cr., Brenham, TX 77833	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10-29-23	Full name of contributor out-of-state PAC (ID#: Clint Coffee Contributor address; City; State; Zip Code 1128 E. Main, Eastland, TX 76448	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-30-23	Full name of contributor out-of-state PAC (ID#: Earl Potter Contributor address; City; State; Zip Code 4429 Pitchers Ln., Brenham, TX 77833	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12-21-23	Full name of contributor out-of-state PAC (ID#: SAND: Phillips Contributor address; City; State; Zip Code 1834 Melanie Way, Palm Harbor, FL 34683	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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME <i>Derek Estep</i>		3 Filer ID (Ethics Commission Filers)
4 Date 8-24-23	5 Full name of contributor <i>Robert Aguilar</i> out-of-state PAC (ID#: 6 Contributor address; <i>2712 Chase St., Brenham, TX 77833</i> City; State; Zip Code	7 Amount of contribution (\$) <i>\$200.00</i>
8 Principal occupation / Job title (See Instructions) <i>Physician</i>		9 Employer (See Instructions) <i>Self</i>
Date 8-24-23	Full name of contributor <i>Adam Meech</i> out-of-state PAC (ID#: Contributor address; <i>7326 Ben Tap Lane, Burton, TX 77835</i> City; State; Zip Code	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>self</i>
Date 9-4-23	Full name of contributor <i>Taylor Newsome</i> out-of-state PAC (ID#: Contributor address; <i>1526 Canyon Creek Rd, Wylie, TX 75098</i> City; State; Zip Code	Amount of contribution (\$) <i>\$25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Self</i>
Date 9-30-23	Full name of contributor <i>Adam Gressner</i> out-of-state PAC (ID#: Contributor address; <i>508 Charles Lewis St., Brenham, TX 77833</i> City; State; Zip Code	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <i>Self</i>
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Derek Estop		3 Filer ID (Ethics Commission Filers)
4 Date 9-18-23	5 Full name of contributor Conrad Dax out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code 405 N. Baylor, Brenham, TX 77833	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Stony
Date 10-4-23	Full name of contributor Linda White out-of-state PAC (ID#: Contributor address; City; State; Zip Code 2576 Strangmeier Rd, Brenham, TX 77833	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Totaled
Date 10-4-23	Full name of contributor SANDI & Lynwood Knott out-of-state PAC (ID#: Contributor address; City; State; Zip Code 1205 FM 390E, Brenham, TX 77833	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 10-4-23	Full name of contributor James Wilkinson out-of-state PAC (ID#: Contributor address; City; State; Zip Code 2200 Rindell Ct, Brenham, TX 77833	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Self

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Derek Estep		3 Filer ID (Ethics Commission Filers)
4 Date 10-4-23	5 Full name of contributor out-of-state PAC (ID#: Sharon Gaddy 6 Contributor address; City; State; Zip Code 1440 Hidden Valley, Brenham, TX 77833	7 Amount of contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10-4-23	Full name of contributor out-of-state PAC (ID#: Helen Hark Contributor address; City; State; Zip Code 10398 FM 2447E, Chappell Hill, TX 77426	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 10-4-23	Full name of contributor out-of-state PAC (ID#: Dale & Garry Rose Contributor address; City; State; Zip Code 2725 Indian Oak, McKinney, TX 75071	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-4-23	Full name of contributor out-of-state PAC (ID#: Emil McKel Contributor address; City; State; Zip Code 312 W. Vulcan St., Brenham, TX 77833	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Derek Estep		3 Filer ID (Ethics Commission Filers) 7
4 Date 10-4-23	5 Full name of contributor out-of-state PAC (ID#: Roger & Tamy Metzger 6 Contributor address; City; State; Zip Code 3560 Bluebonnet Blvd, Brenham, TX 77833	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Retired
Date 10-4-23	Full name of contributor out-of-state PAC (ID#: Gary Crocker Contributor address; City; State; Zip Code 10555 Summit Rd, Brenham, TX 77833	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 10-4-23	Full name of contributor out-of-state PAC (ID#: Tim Andrews Contributor address; City; State; Zip Code 800 W. Briarwood, Brenham, TX 77833	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 10-10-23	Full name of contributor out-of-state PAC (ID#: Conrad Day Contributor address; City; State; Zip Code 405 N. Baylor, Brenham, TX 77833	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Attorney
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Derek Estep		3 Filer ID (Ethics Commission Filers)
4 Date 11-16-23	5 Full name of contributor out-of-state PAC (ID#: CONRAD DAY	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 405 N. Baylor, Brenham TX 77833		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Attorney
Date 12-14-23	Full name of contributor out-of-state PAC (ID#: CONRAD DAY	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 405 N. Baylor, Brenham, TX 77833		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Attorney
Date 7-24-23	Full name of contributor out-of-state PAC (ID#: Derek Estep	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 2009 Timberline Ct, Brenham, TX 77833		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) ADA
Date	Full name of contributor 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

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>Derek ESNP</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>10-2-23</u>	6 Full name of contributor ☐ out-of-state PAC (ID# _____) <u>ANT Street Inn</u>	8 Amount of Contribution \$ <u>\$550.00</u>	9 In-kind contribution description <u>Use of Venue for Event</u>
7 Contributor address; City; State; Zip Code <u>107 W. Commerce, Bryan, TX 77833</u>		☐ Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (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 contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor ☐ out-of-state PAC (ID# _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		☐ Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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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
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 <i>Derek Estep</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10-4-23</i>		5 Payee name <i>Bnke Shop LLC</i>			
6 Amount (\$) <i>\$693.75</i>		7 Payee address; City; State; Zip Code <i>2758 FM 309, Brenham, TX 77837</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food & Beverage Expense</i>		(b) Description <i>Campaign Kick-off event</i>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date <i>11-29-23</i>		Payee name <i>Revolution Printing</i>			
Amount (\$) <i>\$325.00</i>		Payee address; City; State; Zip Code <i>9439 FM 1371, Chappell Hill, TX 77426</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>Magnetic Signs</i>		
	☐ 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 <i>12-7-23</i>		Payee name <i>BISD Softball Fundraiser</i>			
Amount (\$) <i>\$150.00</i>		Payee address; City; State; Zip Code <i>525 AH Ehrig Dr., Brenham, TX 77833</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contribution</i>		Description <i>Contribution</i>		
	☐ 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					
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
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 <i>Derek Estep</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12-9-23</i>	5 Payee name <i>BRAND IT Graphix</i>
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6 Amount (\$) <i>\$1,200.00</i>	7 Payee address; <i>2507 Becker Dr, Brenham, TX 77833</i>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing</i>	(b) Description <i>Campaign Signs</i>
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-17-23</i>	Payee name <i>Washington County Republican Party</i>
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Amount (\$) <i>\$1250.00</i>	Payee address; <i>100 W. Main, Brenham, TX 77833</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Filing Fee For 2024 Election</i>
	☐ 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
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Date <i>8/29/23</i>	Payee name <i>BANK OF Brenham</i>
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Amount (\$) <i>\$32.50</i>	Payee address; <i>PO Box 606, Brenham, TX 77833</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>checks Bicampaign</i>
	☐ 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
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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
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 <i>Doreic E Step</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12-31-23</i>		5 Payee name <i>ST-DE Payment Services</i>			
6 Amount (\$) <i>\$ 59.02</i>		7 Payee address; City; State; Zip Code <i>354 Oyster Point Blvd, South San Francisco, CA 94080</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>		(b) Description <i>on linc Donations - 7/1/23-12/31/23</i>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;					
City;					
State;					
Zip Code					
PURPOSE OF EXPENDITURE	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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;					
City;					
State;					
Zip Code					
PURPOSE OF EXPENDITURE	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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;					
City;					
State;					
Zip Code					
PURPOSE OF EXPENDITURE	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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Payee name		Office sought			
Amount (\$)		Office held			
Payee address;					
City;					
State;					
Zip Code					
PURPOSE OF EXPENDITURE	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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Derek										
	NICKNAME LAST SUFFIX Estep										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2009 Timberline Ct. Brenham, TX 77833										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 694-2309										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Joel		Date Hand-delivered or Date Postmarked 2-5-2024								
	NICKNAME LAST SUFFIX Romo		Receipt # Amount \$								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2720 Bluebonnet Blvd Brenham, TX 77833										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 423-1598										
9 REPORT TYPE	<table style="width:100%;"> <tr> <td>☐ January 15</td> <td>☒ 30th day before election</td> <td>☐ Runoff</td> <td>☐ 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td>☐ July 15</td> <td>☐ 8th day before election</td> <td>☐ Exceeded Modified Reporting Limit</td> <td>☐ Final Report (Attach C/OH - FR)</td> </tr> </table>			☐ 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)
☐ 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 Month Day Year 1 / 1 / 24 THROUGH 1 / 25 / 24										
11 ELECTION	<table style="width:100%;"> <tr> <td style="width:40%;"> ELECTION DATE Month Day Year 3 / 5 / 24 </td> <td style="width:60%;"> ELECTION TYPE ☒ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special </td> </tr> </table>			ELECTION DATE Month Day Year 3 / 5 / 24	ELECTION TYPE ☒ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special						
ELECTION DATE Month Day Year 3 / 5 / 24	ELECTION TYPE ☒ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special										
12 OFFICE	OFFICE HELD (if any) NONE										
	13 OFFICE SOUGHT (if known) Washington County District Attorney										
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.										
Additional Pages	<table style="width:100%;"> <tr> <td style="width:20%;"> COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC </td> <td style="width:80%;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>			COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS						
COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

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:
2 FILER NAME Derek Estep		3 Filer ID (Ethics Commission Filers)
4 Date 01/09/2024	5 Full name of contributor out-of-state PAC (ID# _____) Stephen Pond 6 Contributor address; City; State; Zip Code 600 Valley Road Greensboro, NC 27408	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/12/2024	Full name of contributor out-of-state PAC (ID# _____) Adam Rose Contributor address; City; State; Zip Code 2725 Indian Oak Dr. McKinney TX 75071	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/14/2024	Full name of contributor out-of-state PAC (ID# _____) Conrad Day Contributor address; City; State; Zip Code 405 N. Baylor St. Brenham, TX 77833	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/15/2024	Full name of contributor out-of-state PAC (ID# _____) Edie Hanna Contributor address; City; State; Zip Code 1104 Green River Trail Cleburne, TX 76033	Amount of contribution (\$) 150.00
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.		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Derek Estep

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)	\$ 1,675.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,250.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 179.02
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.



Signature of Candidate or Officeholder

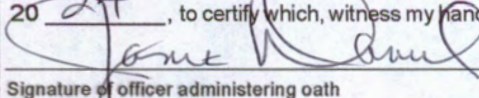
Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Derek Estep this the 5 day of February 2024, to certify which, witness my hand and seal of office.



Janet Daniel

Notary Public

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)

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
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 Derek Estep		3 Filer ID (Ethics Commission Filers)	
4 Date 01/23/2024		5 Payee name Kwik Kopy			
6 Amount (\$) 69.93		7 Payee address; 2305 S. Day St. Brenham, TX 77833 City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Cards		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 01/24/2024		Payee name KWHI Radio			
Amount (\$) 1,521.00		Payee address; 223 E. Main St. Brenham, TX 77833 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Radio Ads		
	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 01/25/2024		Payee name Graphic Design			
Amount (\$) 315.00		Payee address; 955 Spillman Rd. Mocksville, NC 27028 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Graphic Design		
	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					
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
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 Derek Estep	3 Filer ID (Ethics Commission Filers)
4 Date 01/25/2024	5 Payee name Washington County Chamber of Commerce	
6 Amount (\$) 100.00	7 Payee address; 314 S. Austin St. Brenham, TX 77833	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Banquet Tickets
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 01/25/2024	Payee name KWHI Radio	
Amount (\$) 195.00	Payee address; 223 E. Main St. Brenham, TX 77833	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Radio Ad
	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 01/25/2024	Payee name Strip Payment Services	
Amount (\$) 49.78	Payee address; 354 Oyster Point Blvd, South San Francisco, CA 94080	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Online Donations 1/1/2024-1/25/2024
	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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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: 9												
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Derek		OFFICE USE ONLY RECEIVED FEB 26 2024 Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged												
	NICKNAME LAST SUFFIX Estep														
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2009 Timberline Ct. Brenham, TX 77833														
	AREA CODE PHONE NUMBER EXTENSION (817) 694-2309														
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Joel														
	NICKNAME LAST SUFFIX Romo														
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2720 Bluebonnet Blvd Brenham, TX 77833														
	AREA CODE PHONE NUMBER EXTENSION (512) 423-1598														
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td>☐ January 15</td> <td>☐ 30th day before election</td> <td>☐ Runoff</td> <td>☐ 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td>☐ July 15</td> <td>☒ 8th day before election</td> <td>☐ Exceeded Modified Reporting Limit</td> <td>☐ Final Report (Attach C/OH - FR)</td> </tr> </table>			☐ 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)				
☐ 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	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">1 26 24</td> <td></td> <td style="text-align: center;">2 24 24</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	1 26 24		2 24 24						
Month Day Year	THROUGH	Month Day Year													
1 26 24		2 24 24													
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">ELECTION DATE</td> <td colspan="3" style="text-align: center;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center;">Month Day Year</td> <td>☒ Primary</td> <td>☐ Runoff</td> <td>☐ Other Description</td> </tr> <tr> <td style="text-align: center;">3 5 24</td> <td>☐ General</td> <td>☐ Special</td> <td></td> </tr> </table>			ELECTION DATE	ELECTION TYPE			Month Day Year	☒ Primary	☐ Runoff	☐ Other Description	3 5 24	☐ General	☐ Special	
ELECTION DATE	ELECTION TYPE														
Month Day Year	☒ Primary	☐ Runoff	☐ Other Description												
3 5 24	☐ General	☐ Special													
12 OFFICE	OFFICE HELD (if any) NONE		13 OFFICE SOUGHT (if known) Washington Co. District Attorney												
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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 ☐ GENERAL ☐ SPECIFIC	COMMITTEE NAME													
		COMMITTEE ADDRESS													
		COMMITTEE CAMPAIGN TREASURER NAME													
		COMMITTEE CAMPAIGN TREASURER ADDRESS													

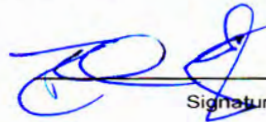
GO TO PAGE 2

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)	\$ 5.13
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,595.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,412.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 367.06
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

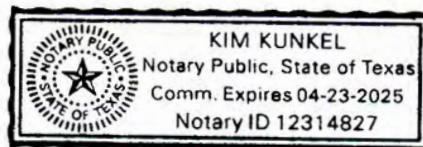
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Derek Estep this the 26th day of February, 2024, to certify which, witness my hand and seal of office.

Kim Kunkel Kim Kunkel Notary Public
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

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

Derek Estep

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,595.00
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	\$ 3,412.09
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	\$
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	\$

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:**3****2** FILER NAME**Derek Estep****3** Filer ID (Ethics Commission Filers)**4** Date

01/29/2024

5 Full name of contributor

out-of-state PAC (ID# _____)

Mike Hopkins, Jr.**6** Contributor address;

City;

State;

Zip Code

P.O. Box 1919 Brenham, TX 77834**7** Amount of contribution (\$)**500.00****8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

01/31/2024

Full name of contributor

out-of-state PAC (ID# _____)

Stephen Higdon, Jr.

Contributor address;

City;

State;

Zip Code

856 Joanna Dr. Hurst, TX 76053

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/01/2024

Full name of contributor

out-of-state PAC (ID# _____)

Laura Upchurch

Contributor address;

City;

State;

Zip Code

315 South Park St. Brenham, TX 77833

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/01/2024

Full name of contributor

out-of-state PAC (ID# _____)

Joe Williams

Contributor address;

City;

State;

Zip Code

1675 Old Navasota Rd. Brenham, TX 77833

Amount of contribution (\$)

1,000.00

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**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:**3****2** FILER NAME**Derek Estep****3** Filer ID (Ethics Commission Filers)**4** Date

02/01/2024

5 Full name of contributor

out-of-state PAC (ID# _____)

Joel Romo**7** Amount of contribution (\$)**250.00****6** Contributor address;

City;

State;

Zip Code

2720 Bluebonnet Blvd Brenham, TX 77834**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

02/01/2024

Full name of contributor

out-of-state PAC (ID# _____)

Jimbo Hafner

Amount of contribution (\$)

220.00

Contributor address;

City;

State;

Zip Code

4100 Hwy 105 Brenham, TX 77833

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/01/2024

Full name of contributor

out-of-state PAC (ID# _____)

George Bishop

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

4191 FM 1155 Chappell Hill, TX 77426

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/09/2024

Full name of contributor

out-of-state PAC (ID# _____)

John Deans

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

6206 Ganske Rd Burton, TX 77835

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

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: 3
2 FILER NAME Derek Estep		3 Filer ID (Ethics Commission Filers)
4 Date 02/14/2024	5 Full name of contributor out-of-state PAC (ID# _____) Conrad Day 6 Contributor address; City; State; Zip Code 405 N. Baylor St. Brenham, TX 77834	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/19/2024	Full name of contributor out-of-state PAC (ID# _____) Rebecca D. Potter Contributor address; City; State; Zip Code 4429 Pitchers Ln Brenham, TX 77833	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/20/2024	Full name of contributor out-of-state PAC (ID# _____) Lance Weiss Contributor address; City; State; Zip Code 2623 Salem Rd. Brenham, TX 77833	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/22/2024	Full name of contributor out-of-state PAC (ID# _____) Elizabeth Gilstrap Contributor address; City; State; Zip Code 1300 Shepherd St. Brenham, TX 77833	Amount of contribution (\$) 150.00
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.		

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
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: 3	2 FILER NAME Derek Estep	3 Filer ID (Ethics Commission Filers)
4 Date 01/29/2024	5 Payee name Kwik Kopy	
6 Amount (\$) 214.57	7 Payee address; City; State; Zip Code 2305 S. Day St. Brenham, TX 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Cards
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/09/2024	Payee name Brandit Graphix	
Amount (\$) 1,512.66	Payee address; City; State; Zip Code 2507 Becker Dr. Brenham, TX 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard Signs <i>MA: 1 out</i>
	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 02/09/2024	Payee name Pilot Club of Washington County	
Amount (\$) 400.00	Payee address; City; State; Zip Code 2426 Airline Dr. Brenham, TX 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Banquet Tickets
	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

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
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: 3	2 FILER NAME Derek Estep	3 Filer ID (Ethics Commission Filers)
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4 Date 02/13/2024	5 Payee name KWHI Radio
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6 Amount (\$) 221.00	7 Payee address; 223 E. Main St. Brenham, TX 77833	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Radio Ads
	(c) Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/14/2024	Payee name Brandit Graphix
---------------------------	--------------------------------------

Amount (\$) 974.25	Payee address; 2507 Becker Dr. Brenham, TX 77833	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard Signs mail piece
	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
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Date 02/16/2024	Payee name Brandit Graphix
---------------------------	--------------------------------------

Amount (\$) 47.63	Payee address; 2507 Becker Dr. Brenham, TX 77833	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Cards
	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
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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
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

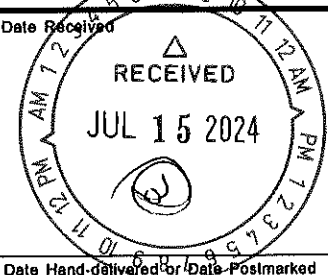
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Derek Estep	3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2024	5 Payee name Strip Payment Services	
6 Amount (\$) 41.98	7 Payee address; City; State; Zip Code 354 Oyster Point Blvd South San Francisco CA 94060	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Online Donation Fees 1/26/24-2/24/24
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 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	
PURPOSE OF EXPENDITURE	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	
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	
PURPOSE OF EXPENDITURE	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	
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		

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:						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Derek NICKNAME LAST SUFFIX Estep	OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked 7-15-2024 Receipt # Amount \$ Date Processed 7-15-2024 Date Imaged 7-15-2024							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2009 Timberline Ct., Brenham, TX 77833								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 694-2309								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Joel NICKNAME LAST SUFFIX Romo								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2720 Bluebonnet Blvd., Brenham, TX 77833								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 423-1598								
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 Month Day Year 2 / 25 / 24 THROUGH 6 / 30 / 24								
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☐ Other Description 11 / 5 / 24 ☒ General ☐ Special								
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) None Washington County DA								
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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. <table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none; vertical-align: top;"> COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC </td> <td style="border: none;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">COMMITTEE NAME</td></tr> <tr><td style="padding: 2px;">COMMITTEE ADDRESS</td></tr> <tr><td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td></tr> <tr><td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td></tr> </table> </td> </tr> </table>			COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">COMMITTEE NAME</td></tr> <tr><td style="padding: 2px;">COMMITTEE ADDRESS</td></tr> <tr><td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td></tr> <tr><td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td></tr> </table>	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">COMMITTEE NAME</td></tr> <tr><td style="padding: 2px;">COMMITTEE ADDRESS</td></tr> <tr><td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td></tr> <tr><td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td></tr> </table>	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS				
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COMMITTEE CAMPAIGN TREASURER ADDRESS									

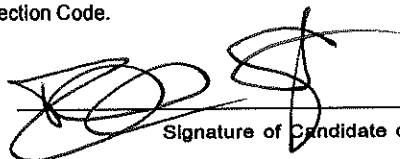
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

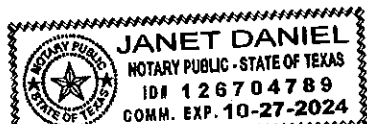
FORM C/OH
COVER SHEET PG 2

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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,564.33
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	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Derek Estep this the 15 day of July, 2024, 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 _____, 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****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 250.00
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	\$ 1,564.33
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	\$
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	\$

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

7 Amount of contribution (\$)

250.00

9 Employer (See Instructions)

Amount of contribution (\$)

Employer (See Instructions)

Amount of contribution (\$)

Employer (See Instructions)

Amount of contribution (\$)

Employer (See Instructions)

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

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
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 Derek Estep	3 Filer ID (Ethics Commission Filers)
4 Date 02/29/2024	5 Payee name KTTX/KWHI	
6 Amount (\$) 265.00	7 Payee address; City; State; Zip Code PO Box 1280, Brenham, TX 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Radio Ads
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/11/2024	Payee name 4 Imprint	
Amount (\$) 1,055.97	Payee address; City; State; Zip Code 101 Commerce Street Oshkosh, WI 54901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adversting	Description Campaign Material
	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 04/08/2024	Payee name Brenham Banner Press	
Amount (\$) 243.36	Payee address; City; State; Zip Code 2000 Stringer, Brenham, TX 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Newspaper ADs
	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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Derek</i>		OFFICE USE ONLY RECEIVED JAN 15 2025								
	NICKNAME LAST SUFFIX <i>Estep</i>										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>2009 Timberline Ct., Brenham, TX 77833</i>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(817) 694-2309</i>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Joel</i>		Date Received								
	NICKNAME LAST SUFFIX <i>Romo</i>		Date Hand Delivered or Date Postmarked <i>11/15/2025</i>								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>2720 Bluebonnet Blvd Brenham, TX 77833</i>		Receipt # Amount \$								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 423-1598</i>		Date Processed <i>11/15/2025</i>								
9 REPORT TYPE	☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 6th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year Month Day Year <i>7 / 1 / 24</i> THROUGH <i>12 / 31 / 24</i>										
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☐ Other Description <i>11 / 5 / 24</i> ☒ General ☐ Special										
12 OFFICE	OFFICE HELD (if any) <i>None</i>		13 OFFICE SOUGHT (if known) <i>Washington County DA</i>								
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;">☐ GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;">☐ SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
☐ GENERAL	COMMITTEE ADDRESS										
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

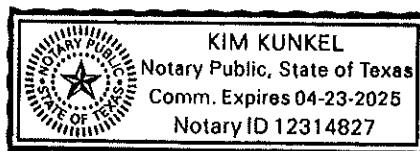
15 C/OH NAME <u>Derek Estep</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Derek Estep this the 15th day of January, 2025, to certify which, witness my hand and seal of office.

Kim Kunkel Kim Kunkel Notary Public
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)