# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS /MB	Decell	MI MI	SPFICE USE ONLY
NAME	NICKNAME	E step	SUFFIX	Date & Ceived RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;	2009 Tim Braham		2:45 pm 2
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER  694 - Z3	EXTENSION S O 9	Date Hand-delivered or Date Postmarked    10   202     Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Clos 1 Romo	MI	Date Processed 16 3024  Date Imaged 16 2024
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (	2720 3 le	bouned Blud	STATE; ZIP CODE
(Residence or Business)  8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	TX 77833 EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before el	dolgmos vessionis in	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 1 / 2.3	THROUGH ( Z	Day Year / 31 / 2 3
11 ELECTION	Month Day	Year Primary	Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any)	NONE	13 OFFICE SOUGHT (If known	County District Alloroey
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		The month of his growless to
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	The Control of the Control
	17 mm	COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
	oba i se Osissacci	GO ТО	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 70.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5015.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$- O -
	4. TOTAL POLITICAL EXPENDITURES	\$ 3710.77
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS     OF REPORTING PERIOD	TDAY \$ 754.73
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ -0 -
	Please complete either option below	ndidate or Officeholder
(1) Affidavit		
NOTARY STAMP/SEA		
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 administe	ring oath Printed name of officer administering oath	Title of officer administering oath
(2) Unewern Declarati	OR	
(2) Unsworn Declarati	) y	
My name is	and my date of birth is	1/12/82
My address is X009	Timberline C+ Dienham T	77833
Executed in Mashin	1 - 1140 =	state) (zip code) (country)
2440	(mont)	(year)
	Signature of candio	late/Officeholder (Declarant)
		THE RESERVE OF THE PROPERTY OF THE PARTY OF

## SUBTOTALS - C/OH

19	19 FILER NAME Dertk Estep  20 Filer ID (Ethics Con		
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4445.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 550.d
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		
4.	SCHEDULE E: LOANS		\$ -0-
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$ 37/0.77	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$-0-	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$ -0 -	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0 -	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	\$-0-	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$ -0 -
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ -0 -
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$ -0 -

#### 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:
Derek Eship	3 Filer ID (Ethics Commission Filers)
4 Date  5 Full name of contributor  out-of-state PAC (ID#:	7 Amount of contribution (\$)  5/20.60
CO13	
Date Full name of contributor out-of-state PAC (ID#)  CATTER Coston	Amount of contribution (\$)
10-2-23 Contributor address; City; State; Zip Code 2100 Timber Inc Ct, Brenham, 37873	\$50.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	# 250.00
1011 Sencrest Line, Folly Beach, SC 29439	~ 230.00
Principal occupation / Job title (See Instructions)  Employer (See Instruct  Date  Full name of contributor  out-of-state PAC (ID#	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)

#### 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.  2 FILER NAME  DoseK E Stap  4 Date  5 Full name of contributor  out-of-state PAC (ID#	1 Total pages Schedule A1: 2 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$)	
Dosek E Step  1 Date  5 Full name of contributor  Out-of-state PAC (ID#		
10-74-73 Gregors Ti-chay Sky 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	
2308 Kalston Cr., Brankson, Tx 77833	\$100.00	
Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	ions)	
Date Full name of contributor out-of-state PAC (ID#:)  Clipf College	Amount of contribution (\$)	
10-29-23 Contributor address; City: State; Zip Code 1128 E. MA'A, EA + land, TX 76448	\$50.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)	
Date Full name of contributor out-of-state PAC (ID#)  CATY POHET	Amount of contribution (\$)	
10.30-23 Contributor address; City; State; Zip Code 4429 P. Ackers Lw., Brankon, TX 77833	\$500.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)	
Date Full name of contributor out-of-state PAC (ID#:)  12-Z1-Z3 SAND: Ph: 11:05	Amount of contribution (\$)	
Contributor address; City; State; Zip Code  1834 Melan; 2 Way, Palan Harbot, FL 34683	4 100.00	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)	

#### 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:
Desek Estyp	3 Filer ID (Ethics Commission Filers
8-24-23 6 Contributor address; City; State; Zip Code  27/2 Chase St., Beenham, Tx 77833	7 Amount of contribution (\$)  \$\Begin{align*} \begin{align*} \begin{align*} \begin{align*} 200.00 \end{align*}
Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Self	
Date Full name of contributor out-of-state PAC (ID#:)  8-24-23 Adam Meech  Contributor address; City; State; Zip Code  7326 Ben Tap Lane, 77835	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	stions)
Date Full name of contributor out-of-state PAC (ID#:)  9-4-73	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	//
Date Full name of contributor  9-30-73  A Clam  6 755Ner  Contributor address; City; State; Zip Code  508 Charles Lewis S4., 37833	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ptions)

### 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	Durek Eslop	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
9-18-23	6 Contributor address; City; State; Zip 405 N. Baylor, Brenhan, T	
9 Principal occur		(See Instructions)
• Frincipal occup	Self	Storney
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
10-4-23	Contributor address; City; State; Zip	#200-00
	2576 Strangmeier RD, Bran	77877
Principal occup	ation / Job title (See Instructions) Employer	(See Instructions)
Date 10-4-73	SAND: & Lynwood King  Contributor address; City; State; Zip  1205 FM 390 E, Franksm, Tx	Code # 250-60
Principal occup		(See Instructions)
Date / 0-4-27	Full name of contributor  Out-of-state PAC (ID#:	
Principal occup		(See Instructions)

#### 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:
Perek Estep	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor  O-4-73  Contributor address;  City;  State; Zip Code  1440  H: Slon  Valley, Banham, 7x7783  Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	7 Amount of contribution (\$)  # 300-00  3 tions)
Date Full name of contributor  O-4-73  Halen  H.**  Contributor address;  City;  State; Zip Code  10398 Fm 2447E, Chappell H:11, 74	Amount of contribution (\$)  \$\frac{4}{100-00}\$
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Rofino D
Date  Full name of contributor  O-4-73  Contributor address;  City  State; Zip Code  75071  2725  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)  # 500.00  tions)
Date  Full name of contributor  Out-of-state PAC (ID#:	Amount of contribution (\$)  #/00.60
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	

#### 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	Dorell Estep	3 Filer ID (Ethics Commission Filers)
4 Date	6 Contributor out-of-state PAC (ID#	7 Amount of contribution (\$) 4250.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	Rodical
Date 10-4-73	Contributor out-of-state PAC (ID#	450.60
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	Rotine d
Date 10-41-73	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)  #300.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	
Date \6-23	Full name of contributor  CON IND  DAY  Contributor address;  City; State; Zip Code  405 N. Brylor, Bronham Tx 7783	Amount of contribution (\$)  #25.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	

## SCHEDULE A1

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

Date  5 Full name of contributor  Contributor address;  City: State: Zip Code  HOS N. Baylor, Brankan 7x 7783)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address;  City: State: Zip Code  HOS N. Baylor, Brankan, 7x 77833  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#:  Decek  Full name of contributor  Out-of-state PAC (ID#:  Contributor address:  City: State: Zip Code  Replace Full name of contributor  Afformations  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)  \$\frac{1}{2} \int \cdot \c
Date   5   Full name of contributor   Out-of-state PAC (ID#:   7   7   7   7   7   7   7   7   7	# $75.00$ Amount of contribution (\$)  # $25.00$
Date  Full name of contributor  Connap Day  Contributor address;  City; State; Zip Code  405 M. Baylor, Brankan, 7x77833  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#	Amount of contribution (\$)  \$\frac{1}{2} \inc \cdot \c
Contributor address; City; State; Zip Code  405 M. Baylor, Brankan, 7x77833  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#)  Contributor address; City; State; Zip Code  2009 Timber/ Me Lt, 74833  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	\$25.00
Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Advisor  Advisor  Decek Estep  Contributor address; City; State; Zip Code  Browker Tx  74833  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Date  Full name of contributor  Decek  Estep  Contributor address;  City;  State; Zip Code  Rion Lam, Tx  2009  Timber I. Me Lt,  74833  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Date Full name of contributor  Decek ESTEP  Contributor address; City; State; Zip Code  Browk Am, Tx  74833  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions	Amount of contribution (\$) \$500.00
$A \not D A$	
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	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

1 Total pages Schedule A2:
3 Filer ID (Ethics Commission Filers)
NS \$
8 Amount of Contribution \$ In-kind contribution description  4 550.60   Use of Usine full Evon    Check if travel outside of Texas. Complete Schedule T.
indicate in the North Colonial Colonia
ontributor's job title (FOR JUDICIAL) (See Instructions)
w firm of contributor's spouse (if any) (FOR JUDICIAL)
Amount of Contribution \$ In-kind contribution description  de Check if travel outside of Texas. Complete Schedule T.
nployer (FOR NON-JUDICIAL)(See Instructions)
ontributor's job title (FOR JUDICIAL) (See Instructions)
w firm of contributor's spouse (if any) (FOR JUDICIAL)
HEDULE AS NEEDED

SCHEDULE F1

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

	EXPENDITURE CATEGORIES FOR E	3OX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica CreditCard Payment		Rental Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Decek Estep	3 Filer ID (Ethics Commission Filers)
4 Date 10-4-23	5 Payee name Bake Slop L	11
6 Amount (\$)	7 Payee address;	City; State; Zip Code
#693.75	2758 FM 38	9, Bimbon, Tx 77837
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) I  Foeld & Blue / A Se  Exponse  (c) Check if travel outside of Texas. Complete Schedule T.	Description  Campsign Kak- of evert  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 11-29-27	Revolution Print	"J
Amount (\$)	Payee address;	City; State; Zip Code
\$ 3 75-00	9439 FM 1371	, Chappell 211, 7x 77426
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Rinding Expense	MASNIFIC Sign 5
	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		Office sought Office held
Date 12-7-23	Payee name  BISD Softbal	/ Fundraiser
Amount (\$)	Payee address;	City; State; Zip Code
\$150.00	525 AHE hong Z	2. Brenham, Tx 77873
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Confibetion
	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		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
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wa  The Instruction Guide explains how to co	ges/Contract Labor Other (enter a category not listed above)  Implete this form.
1 Total pages Schedule F1:	2 FILER NAME Derek Istep	3 Filer ID (Ethics Commission Filers)
12-9-23	6 Payee address:  8 Payee address:	
# 1, 200-60	rayee address,	City; State; Zip Code  Or; Branken, Tx 97853
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Campain Signs
	(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	是
11-17-23	Washington 1	City; State; ZIp Code
Amount (\$) #1250.60		Signhar, TX 77833
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Filing Free For 2074  Election
	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
8/29/23	Payee name  BANK OF BO	nhm
Amount (\$)	Po Box 606, Bru	onham, Tx 77833
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Clecks Bicages on
	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 S	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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Polling Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (arter a category not listed above)

Candidate/Officeholder/Politica CreditCard Payment	Committee Legal Services Salaries/V  The Instruction Guide explains how to describe the services and the services are services.		gory not listed above)
1 Total pages Schedule F1:	1201011 154		cs Commission Filers)
4 Date 12-31-23	5 Payee name SH-D1 7.	your Sevices	
6 Amount (\$) \$ 59.02	5 Payee name S4-D1 7. 7 Payee address; 354 045-65 Post	City: State: South San CA 9	Zip Code Francisco, 194080
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description  on Inc Donnton  7/1/73-12/3/17	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	ng expense
<b>9</b> Complete ONLY 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	ng expense
Complete ONLY 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 livin	g 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

The C/OH Instruction (	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission File	ers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Derek	MI MI MENER AL MUNICIPALITA	OFEICE USE ONLY
TANK.	NICKNAME	Estep	SUFFIX	Date Répaired A RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 2009 Timber Brenham, TX	line Ct.	CITY; STATE; ZIP CODE	FEB 0 5 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	(817 )	694-2309	EXTENSION	Date Hand delivered or Date Postmarked 2-5-2024
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	Joel LAST Romo	MI	Receipt # Amount \$ Date Processed - 2024 Date Imaged 2-5-2024
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	2720 Bluebo Brenham, TX	nnet Blvd	/ SUITE #; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	( 512 )	PHONE NUMBER 423-1598	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before	Supported Modifie	15th day after campaign treasurer appointment (Officeholder Only) d Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 1 / 24	THROUGH 1	
11 ELECTION	Month Day 3 / 5	Year Prima  Year Gene	Descripti	
12 OFFICE	NONE (if any)	CEDAT KT	13 OFFICE SOUGHT (IF N	County District Attorney
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITUS AND OFFICEHOLDERS ARE RE	IRES MAY HAVE BEEN MADE WITHOUT THE	ES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR Y IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE NAME  COMMITTEE ADDRESS		
, reality in a good	SPECIFIC	COMMITTEE CAMPAIGN 1	TREASURER NAME	
			The state of the s	

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 Est	ер		3 Filer ID (Ethics Commission Filers)
4 Date 01/09/2024	5 Full name of contributor out-of-state PAC Stephen Pond 6 Contributor address; City; 600 Valley Road Greensboro, N	State; Zip Code	7 Amount of contribution (\$) 1,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 01/12/2024	Full name of contributor out-of-state PAC Adam Rose  Contributor address; City;  2725 Indian Oak Dr. McKinney	State; Zip Code	Amount of contribution (\$)  500.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 01/14/2024	Full name of contributor out-of-state PAC Conrad Day  Contributor address; City;  405 N. Baylor St. Brenham, TX	State; Zip Code 77833	Amount of contribution (\$)  25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 01/15/2024	Full name of contributor out-of-state PAC  Edie Hanna  Contributor address; City;  1104 Green River Trail Cleburn	State; Zip Code	Amount of contribution (\$)  150.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Derek Estep  17 CONTRIBUTION TOTALS	Set A registration of the second of the seco	ID (Ethics Commission Filers)
	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
1,676,00	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,675.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
000	4. TOTAL POLITICAL EXPENDITURES	\$ 2,250.71
CONTRIBUTION BALANCE	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
(1) Affidavit	Please complete either option below:  JANET DANIEL  HOTARY PUBLIC - STATE OF TEXAS  198 1 2 6 7 0 4 7 8 9  COMM. EXP. 10-27-2024	
NOTARY STAMP/SEAL Sworn to and subscribed to contill to	which, witness my frand and seal of office.	day of February
Signature of officer administeri		Title of officer administering oath
Signature of officer administeri	ng oath Printed name of officer administering oath  OR	Title of officer administering oath
ome V	or one of officer administering oath  OR	
Signature of officer administerion (2) Unsworn Declaration	or one of officer administering oath  OR	
Signature of officer administerion  (2) Unsworn Declaration  My name is	Printed name of officer administering oath  OR  n, and my date of birth is,	

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 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)

Total pages Schedule F1:	2 FILER NAME Derek Estep		3 Filer ID (Ethics Commission Filers
Date 01/23/2024	5 Payee name Kwik Kopy		
69.93	7 Payee address; 2305 S. Day St. Brenham, TX 77833	City;	State; Zip Code
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	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 01/24/2024	Payee name  KWHI Radio		
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	Padio Ads	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	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 270	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	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	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
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 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)

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) Derek Estep 4 Date 5 Payee name 01/25/2024 Washington County Chamber of Commerce 6 Amount (\$) 7 Payee address; City; State: Zip Code 314 S. Austin St. Brenham, TX 77833 100.00 (a) Category (See Categories listed at the top of this schedule) (b) Description **Event Expense** PURPOSE Banquet Tickets 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 01/25/2024 **KWHI Radio** Amount (\$) Payee address: City; Zip Code 223 E. Main St. Brenham, TX 77833 195.00 Category (See Categories listed at the top of this schedule) Description Advertising Expense Radio Ad 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 01/25/2024 Strip Payment Services Amount (\$) Payee address: State: Zip Code 354 Oyster Point Blvd, South San Francisco, CA 94080 49.78 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Fees Online Donations 1/1/2024-1/25/2024 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

#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE/ MI OPFICE USE ONLY **OFFICEHOLDER** Derek NAME Received NICKNAME LAST SUFFIX RECEIVED Estep 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE **OFFICEHOLDER** 2009 Timberline Ct. Brenham, TX 77833 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER · 26 - 2024 (817 694-2309 PHONE Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN MI TREASURER Mr. Joel NAME -2024 NICKNAME LAST Romo STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: CAMPAIGN ZIP CODE TREASURER 2720 Bluebonnet Blvd Brenham, TX 77833 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 423-1598 *(* 512 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month Day Year COVERED 2 24 24 26 1 24 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Runoff Primary Other Month Day Year Description Special General 5 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE NONE Wishington 60 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages

GO TO PAGE 2

COMMITTEE CAMPAIGN TREASURER ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

SPECIFIC

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME			16 Filer ID (Et	hics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELECTRICAL		\$	5.13
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS)	\$	3,595.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPEND	ITURES	\$	3,412.09
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT	TIONS MAINTAINED AS OF THE LAS	T DAY \$	367.06
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT O     LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS OF G PERIOD	THE \$	0.00
(1) Affidavit	Notary Public, State of Comm. Expires 04-23	of Tex <b>as</b> 3-2025		
20 34 , to certify	before me by 13ere 1 8 which, witness my hand and seal of office.	this the	26 th day	of February.
Kem Ken		1 MAKEL	IVOTE	THE POLICE
Signature of officer administe	ring oath Printed name of off	icer administering oath	Title o	of officer administering oath
(2) Hannes Dealers		OR		
(2) Unsworn Declaration	Off			
My name is		, and my date of birth is		
W. C. Con on W. C.	(street)	(city) (s	state) (zip co	de) (country)
Executed in	County, State of		, 20_	(year)
		Signature of Candid	late/Officeholde	r (Declaranı

## SUBTOTALS - C/OH

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

	rek Estep	20 Filer ID (Ethics Com	nmission Filers)
	CHEDULE SUBTOTALS AME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	MONETARY POLITICAL CONTRIBUTIONS	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIB	UTIONS	\$
3.	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.	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 POL	ITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CO TO FILER	ONTRIBUTIONS RETURNED	\$

www.ethics.state.tx.us

### 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 Est	ер	3 Filer ID (Ethics Commission Filers)
4 Date 01/29/2024	6 Contributor address; City; State; Zip P.O. Box 1919 Brenham, TX 77	500.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer	(See Instructions)
Date 01/31/2024	Stephen Higdon, Jr.  Contributor address; City: State; Zip  856 Joanna Dr. Hurst, TX 76	100.00
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)
Date 02/01/2024	Full name of contributor out-of-state PAC (ID#	500.00
Principal occup	pation / Job title (See Instructions)  Employer	(See Instructions)
Date 02/01/2024	Full name of contributor out-of-state PAC (ID#	1,000.00
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE 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.

		3 Filer ID (Ethics Commission Filers)
contributor address; City;	State; Zip Code	7 Amount of contribution (\$) 250.00
n / Job title (See Instructions)	9 Employer (See Instruction	ons)
mbo Hafner  Contributor address; City;	State; Zip Code	Amount of contribution (\$)  220.00
/ Job title (See Instructions)	Employer (See Instruction	ons)
eorge Bishop  Contributor address; City;	State; Zip Code	Amount of contribution (\$)  250.00
/ Job title (See Instructions)	Employer (See Instruction	ons)
hn Deans	state; Zip Code	Amount of contribution (\$)
206 Ganske Rd Bur	ton, TX 77835	200.00
/ Job title (See Instructions)	Employer (See Instruction	ons)
	Contributor address; City; 720 Bluebonnet Blvd Bren  In / Job title (See Instructions)  Full name of contributor out-of-s  mbo Hafner  Contributor address; City;  100 Hwy 105 Brenh  In / Job title (See Instructions)  Full name of contributor out-of-s  eorge Bishop  Contributor address; City;  191 FM 1155 Chappell Him  In / Job title (See Instructions)  Full name of contributor out-of-s  contributor address; City;  In / Job title (See Instructions)  Full name of contributor out-of-s  chin Deans  Contributor address; City;	Contributor address; City; State; Zip Code 720 Bluebonnet Blvd Brenham, TX 77834  In / Job title (See Instructions)  Full name of contributor  mbo Hafner  Contributor address; City; State; Zip Code 100 Hwy 105 Brenham, TX 77833  In / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor  eorge Bishop  Contributor address; City; State; Zip Code 191 FM 1155 Chappell Hill, TX 77426  In / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Full name of contributor  out-of-state PAC (ID#

#### 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 Est	ер	3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#)  Conrad Day	7 Amount of contribution (\$)
02/14/2024	6 Contributor address; City: State; Zip Code 405 N. Baylor St. Brenham, TX 77834	25.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#)  Rebecca D. Potter	Amount of contribution (\$)
02/19/2024	Contributor address; City; State; Zip Code 4429 Pitchers Ln Brenham, TX 77833	300.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
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 (\$)
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	etions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
02/22/2024	Elizabeth Gilstrap  Contributor address; City; State; Zip Code  1300 Shepherd St. Brenham, TX 77833	150.00
Principal occup	Dation / Job title (See Instructions)  Employer (See Instructions)	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	

#### 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 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)

Total pages Schedule F1:	2 FILER NAME Derek Estep		3 Filer ID (Ethic	s Commission Filers)
Date 01/29/2024	<b>5</b> Payee name Kwik Kopy			
214.57	7 Payee address; 2305 S. Day St. Brenham, TX 77833	City;	State;	Zip Code
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 Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date 02/09/2024	Payee name Brandit Graphix			
Amount (\$) 1,512.66	Payee address; 2507 Becker Dr. Brenham, TX 77833	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Y <del>ard Sig</del> ns	mail ou	+
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			1000
02/09/2024	Pilot Club of Washington County			
Amount (\$)	Payee address: 2426 Airline Dr. Brenham, TX 77833	City;	State;	Zip Code
400.00				
400.00	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	Description Banquet Ticke	ets	
PURPOSE OF		Banquet Ticke	ets	g 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
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 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (expenses properties of property)

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
3	Derek Estep				
4 Date 02/13/2024	5 Payee name KWHI Radio				
		0	75.004		
221.00	7 Payee address: 223 E. Main St. Brenham, TX 77833	City;	State; Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Radio Ads			
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Aus	stin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name	111 8 113			
02/14/2024	Brandit Graphix				
Amount (\$)	Payee address; City; State; Zip Code				
974.25	2507 Becker Dr. Brenham, TX 77833				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Pescription Yard-Signs	mail piece		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, 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				
02/16/2024	Brandit Graphix				
Amount (\$)	Payee address;	City;	State; Zip Code		
47.63	2507 Becker Dr. Brenham, TX 77833				
	Category (See Categories listed at the top of this schedule)	Description			
		Cordo			
PURPOSE OF EXPENDITURE	Advertising Expense	Cards			
OF	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.		tin, 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
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gft/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)

FILER NAME Perek Estep Payee name Strip Payment Services Payee address; 54 Oyster Point Blvd South San Fra	3	Filer ID (Ethics Commission Filers)				
Strip Payment Services Payee address;						
54 Oveter Point Rlvd South San Era	City;					
or Cyster Form Divd South Sall Fla	ncisco CA 94060					
a) Category (See Categories listed at the top of this schedule)	(b) Description					
Fees Online Donation Fees 1/26/24-2/2						
Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
Candidate / Officeholder name	Office sought	Office held				
Payee name						
Payee address;	City;	State; Zip Code				
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 expens						
Candidate / Officeholder name	Office sought	Office held				
Payee name						
Payee address;	City;	State; Zip Code				
Category (See Categories listed at the top of this schedule)	Description					
Check if travel outside of Texas. Complete Schedule T	Check if Austin TX	C, officeholder living expense				
Candidate / Officeholder name	Office sought	Office held				
	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Payee address;  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Payee name  Payee address;  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule)	Check if travel outside of Texas Complete Schedule T Check if Austin, T2 Candidate / Office holder name  Office sought  Payee name  Payee address; City;  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas Complete Schedule T. Candidate / Office holder name  Office sought  Payee name  Payee address; City;  Category (See Categories listed at the top of this schedule)  Description  Check if Austin, T2  Category (See Categories listed at the top of this schedule)  Description  Check if Austin, T2  Check if Austin, T3  Check if Austin, T3				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
		FIRST	MI	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr.	Derek	mi	OFFICEUSEONLY
NAME	NICKNAME	LAST Estep	SUFFIX	RECEIVED RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 2009 Timberl	APT / SUITE #: (ine Ct., Brenham,	CITY; STATE; ZIP CODE TX 77833	JUL 15 2024
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
OFFICEHOLDER PHONE	(817 )	694-2309		7-(6-2024 Receipt #   Amount \$
6 CAMPAIGN	MS/MRS/MR	FIRST	MI	Modelpt # Allouin 4
TREASURER NAME	Mr.	Joel	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Dale-Frocessed - 2024
	NICKNAME	Romo	SUFFIX	Date Imaged 7-15-2024
7 CAMPAIGN	1	NO PO BOX PLEASE); APT / S		STATE; ZIP CODE
TREASURER ADDRESS	2720 Blueboi	nnet Bivd., Brenha	am, IX //833	
(Residence or Business)			The second secon	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 423-1598	EXTENSION	
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
OOVERED	2	/ 25 / 24	THROUGH 6	/ 30 / 24
11 ELECTION	Month Day	Year Primary	Description	
12 OFFICE	None OFFICE HELD (If any)		13 OFFICE SOUGHT (# know Washington Co	
14 NOTICE FROM POLITICAL	THE CANDIDATE LOCK	CUALDED THERE EYDENDITIIRS	ES MAY HAVE REEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1	GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME			16 Filer	ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL OF PLEDGES, LOANS, OR GUARANT CONTRIBUTIONS MADE ELECTRISM.	EES OF LOANS, OR	\N	\$	
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS,	TIONS OR GUARANTEES OF LOANS	S)	\$	250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	XPENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDITU	IRES		<b>\$</b> 1	,564.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE L	AST DAY	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING F		OF THE	\$	
	swear, or affirm, under penalty of perjury, that quired to be reported by me under Title 15, Elec		rue and co	orrect and inc	cludes all information
16	delice to be tobelies of the diles. The lot Field	Approximation of the state of t	><	***	
			Λ -		
	•		A A		
		X	<del>                                     </del>		
		Signature of	ndidate	or Officehol	der
	(	The state of the s			
		4 - 140 48 1 1			
	Please comple	te either option belo	ow:		
mmmmmm.	mmmmmg				
I & ANE	T DANIEL				
A NOTARY P	UBLIC - STATE OF TEXAS &				
	26704789 }				
(1) Affidavit	MMMMMMM,				
(1)/11/10/11					
NOTARY STAMP/SE/	AL	1	<u>.</u>		
	- Lbosy YS-	Le D	15		July,
Sworn to and subscribe	d before me by Derek Es	this ti	he	day of	
1 7)/!	`	·			_
20 to certif	y which, witness my hand and seal of office.	1 Day of		, landa	D W
Lana /	\ anux : bne	+ Daniel		Nota	ey I WOIL
Signature of officer adminis				Title of offic	er administering oath
Signature of officer adminis	sorting Caut Printed name of office	i administratify dam		, -,,,,	
		OR .			
400.11	4				
(2) Unsworn Declarate	tion				
My name is		, and my date of birth	n is		•
•					·
My address is		(city)	(etate)	(zip code)	(country)
-	(street)	` ,,			` '
Executed in	County, State of	, on the day of		, 20	<del>_</del> '
		(me	on <b>in)</b>	(year	)
		4			
		Signature of Ca	ndidate/Off	iceholder (De	eclarant)

## **SUBTOTALS - C/OH**

19	FILER NAME	20 Filer ID (Ethics Con	nmissi	on 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.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	. SCHEDULE E: LOANS			
5.	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 CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

#### 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	rm.	1 Total pages Schedule A1:	
2 FILER NAME Derek Est	эр		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID Tom Dayvault	#:)	7 Amount of contribution (\$)	
04/05/2024	6 Contributor address; City; 124 Willoughby Park Dr., High Point, N	State; Zip Code	250.00	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (IE	#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (It	D#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occu	oation / Job title (See Instructions)	Employer (See Instruct	lions)	
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Management (Management (Manage			and the state of t	
	All sales and the sales and the sales are sa			
	ATTACH ADDITIONAL COPIES OF			

#### 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

Soilcitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politica	al Committee Legal Services Salaries	Vages/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 Derek Estep		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	***************************************	
02/29/2024	KTTX/KWHI		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
265.00	PO Box 1280, Brenham, TX 77833		
8	(a) Category (See Cetegories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising	Radio Ads	
OF EXPENDITURE			
EM ENOTIONE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
03/11/2024	4 Imprint		
Amount (\$)	Payee addreas;	City;	State; Zip Code
1,055.97	101 Commerce Street Oshkosh, WI 54901		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Adversting	Campaign Mat	terial
OF EXPENDITURE	-		
1	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
04/08/2024	Brenham Banner Press		
Amount (\$)	Payee address;	City;	State; Zip Code
243.36	2000 Stringer, Brenham, TX 77833		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising	Newspaper AD	s
OF EXPENDITURE			
	Check If travel outside of Texes. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O			
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uíde explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI	OFFIGEUSBONLY
NAME	NICKNAME	LAST Estep	SUFFIX	Date Recover
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT I SUITE #, Timbe he	CITY: STATE: ZIP CODE Cf., Brunham, Tx 77833	JAN 1 5 2025 P
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 194-236		Date Hand delivered of Date Postmarked  115335  Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	LAST Rymd	SUFFIX	Date Progessed 5 3035  Date Imaged 5 3035
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (I	O Bluebor	SUITE #; CITY;  134   S   X d  EX	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	THE COSE	PHONE NUMBER		
9 REPORT TYPE	January 15  July 15	30th day before	Eveneded Medified	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 1 / 2 4	THROUGH /Z	Day Year / 2 /
11 ELECTION	ELECTION DAY  Month Day	Year Primar	Description	
12 OFFICE		ne .		n. Long DA
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE OWNER ATE LAFEL	たいふしゃてり ていどたど とくりとりんけいに	DEC MAY DAVE REEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS	REASURER NAME	
		COMMITTEE CAMPAIGN 1	reasurer adoress	
	1,000	GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	rek Estep		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELECTRICATIONS	AL CONTRIBUTIONS (OTHER TH ANTEES OF LOANS, OR CTRONICALLY)	\$ 💍
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOAN	s) \$ O
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.	\$ O
	4. TOTAL POLITICAL EXPENI	DITURES	\$ O
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE L	AST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT C LAST DAY OF THE REPORTIN	OF ALL OUTSTANDING LOANS AS IG PERIOD	OF THE \$
	quired to be reported by me under Title 15,		Candidate or Officeholder
	Please comp	olete either option belo	w:
(1) Affidavit	KIM KUNKEL Notary Public, State of Comm. Expires 04-23- Notary ID 123148	2025	
NOTARY STAMP/SEA	7		
Sworn to and subscribed		this th	e 15th day of January,
	which, witness my hand and seal of office.	<b>.</b>	
,	u-kel KI		Notary Public
Signature of officer administe	ring oath Printed name of of	ficer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	on		
My name is		, and my date of birth	is
	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	, on the day of (mor	, 20 <u>(year)</u> .
		Signature of Can	didate/Officeholder (Declarant)