CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file 6	ed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR Mrs	FIRST Kathy	MI	OFFICE	USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received	
	NIONVAME	Stewart	30111/		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box: 55081 Dallas TX 75355				
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 632 3643	EXTENSION	Date Hand-delivered Receipt #	
6 CAMPAIGN TREASURER	MS / MRS / MR Mr	FIRST Kevin	MI		Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
		Hickman	2011.11	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (I	NO PO BOX PLEASE); APT / SI	UITE #; CITY; Dallas TX 75238	STATE;	ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 549 3873	EXTENSION		
9 REPORT TYPE	X January 15	30th day before e	election Runoff	15th day aft treasurer ap (Officeholder	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
COVERED	07	/ 01 / 2023	THROUGH 12	/ 31 / 2023	3
11 ELECTION	Month Day	Year Primary General	Runoff Runoff Special ELECTION TYPE Mother Description N/A		
12 OFFICE	OFFICE HELD (if any) Council Distric	t 10	13 OFFICE SOUGHT (if known Council District 10))	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CANI RED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOLI	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Mrs Kathy Stewart		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N S	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	5)	1500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	4	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	18120.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY	\$ 791.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	OF THE §	43000.00
	wear, or affirm, under penalty of perjury, that the accompanying report is tr quired to be reported by me under Title 15, Election Code.	ue and correc	and includes all information
	ELECTRONIC	ALLY CER	ΓIFIED
	Signature of C	andidate or 0	Officeholder
	Please complete either option belo	w:	
(A) A 851 d - 14			
(1) Affidavit			
NOTARY STAMP/SEA	L		
Sworn to and subscribed	before me by this the	e (day of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administer	ring oath Printed name of officer administering oath	Tit	tle of officer administering oath
	OR		
(2) Unsworn Declarati	on		
My name isKathy St	ewart, and my date of birth	s <u>Febru</u>	ary 20, 1958
My address is 9509 Sha	ndy Valley , Dallas , 7	TX	<u>238</u> , <u>USA</u> .
	(street) (city)	(state) (zip	code) (country)
Executed in <u>Dallas</u>		uary,	
	(mon	,	(year)
	***ELECTRONIC Signature of Cano		
	Signature of Caric		AGOI (DOGIGIAIII)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME s Kathy Stewart	20 Filer ID (Ethics Co	mmission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	3	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4.	SCHEDULE E: LOANS		\$ 16,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL (CONTRIBUTIONS	\$ 18,120.60
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	AL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE TO FILER	SUTIONS RETURNED	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Mrs Kathy Stewa	urt			3 Filer ID (Ethics Commission Filers)
4 Date 07/05/2023	 5 Full name of contributor George Ryan 6 Contributor address; P.O. Box 803447 	City;	State; Zip Code	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 09/29/2023	Full name of contributor Jason Sanders Contributor address; 5935 Prospect Ave	 City;	State; Zip Code	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Contributor address;	out-of-state PAC	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACH ADDIT	IONAL CODIES	DE THIS SCHEDI II E AS A	IEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS SCHEDULE E

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

ii the requested	i information is not applicable, bo NC	or include this page in the re	port.
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E: 1 of 1
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mrs Kathy Stewar	t		
4 TOTAL OF UN	IITEMIZED LOANS		\$ 0
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
08/14/2023	Kathy Stewart		1000.00
6 Is lender	8 Lender address; City;	States 7in Code	10 Interest rate
a financial	8 Lender address; City; 9509 Shady Valley Dr. Dallas, T	State; Zip Code X 75238	0.%
Y 0			11 Maturity date 01/01/2024
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	atoral	15	
	atorai	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
none	17 Name of guarantor	<u> </u>	· I
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;		0.00
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	e PAC (ID#:)	Loan Amount (\$)
08/12/2023	Kathy Stewart		15000.00
Is lender	Lender address; City;	State; Zip Code	Interest rate
a financial	,	,	0.%
Institution?	9509 Shady Valley Dr. Dallas, T	X /3238	Maturity date
γ Ŋ			01/01/2024
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
			0.00
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	•
	ATTACH ADDITIONAL COL	PIES OF THIS SCHEDULE AS NEE	EDED

If lender 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

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: 1 of 1	2 FILER NAME Mrs Kathy Stewart		3 Filer ID (Ethics Commiss	ion Filers)
4 Date 09/29/2023	5 Payee name Anedot			
6 Amount (\$) 60.60	7 Payee address; 1920 McKinney Ave. Dallas, TX 75201	City;	State; Zip Co	ode
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Digital Fundraising F	Expense	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office he	ld
Date	Payee name			
08/15/2023	The McIntosh Company			
Amount (\$) 18000.00	Payee address; 9203 Esplanade Dr. Dallas, TX 75220	City;	State; Zip Co	ode
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Solicitation/Fundraising Expense	Fundraising		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office hel	d
Date 12/31/2023	Payee name Prosperity Bank			
Amount (\$) 60.00	Payee address; 9625 Audelia Road Dallas, TX 75238	City;	State; Zip Co	ode
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Bank Fees		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office he	eld
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	