

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <span style="font-size: 2em; color: blue;">6</span>				
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Stephen	MI W	<b>OFFICE USE ONLY</b>			
	NICKNAME	LAST Hayes	SUFFIX				
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; P.O. Box 465 10710 Gateway North, Suite B5		APT / SUITE #;	CITY; El Paso	STATE; TX	ZIP CODE 79924	<span style="font-size: 2em; color: blue;">3/31/21</span> MAR31 '21 10:06AM
	<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( 434 )	PHONE NUMBER 546-0519	EXTENSION		Date Received	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Elizabeth	MI	Date Hand-delivered or Date Postmarked		Receipt #	
	NICKNAME	LAST Gipe	SUFFIX			Amount \$	
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 4357 John B. Oblinger		APT / SUITE #;	CITY; El Paso	STATE; TX	ZIP CODE 79934	Date Processed
	<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE ( 253 )	PHONE NUMBER 273-1310	EXTENSION		Date Imaged <span style="font-size: 2em; color: blue;">3/31/21</span>	
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
<b>10</b> PERIOD COVERED	Month    Day    Year 01    /    26    /    2021		THROUGH	Month    Day    Year 04    /    01    /    2021			
<b>11</b> ELECTION	ELECTION DATE Month    Day    Year 05    /    01    /    2021		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description: School Board <input type="checkbox"/> General <input type="checkbox"/> Special				
<b>12</b> OFFICE	OFFICE HELD (if any)		<b>13</b> OFFICE SOUGHT (if known) EPISD District 5 Trustee				
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> 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

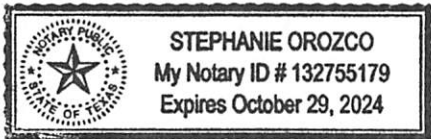
<b>15 C/OH NAME</b> Stephen Hayes		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1629.26
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1629.26
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1129.26
	4. TOTAL POLITICAL EXPENDITURES	\$ 1129.26
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 500.00
<b>OUTSTANDING LOAN TOTALS</b>	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 Stephen wayne Hayes this the 31<sup>st</sup> day of March, 2021, to certify which, witness my hand and seal of office.  
Stephanie Orozco Stephanie Orozco Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Stephen Hayes, and my date of birth is 7/20/1964.  
My address is P.O. Box 465 10710 Gateway North, Suite B5, El Paso, Tx, 79924, USA.  
(street) (city) (state) (zip code) (country)  
Executed in El Paso County, State of Texas, on the 31 day of Mar, 2021.  
(month) (year)  
\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

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

<b>19 FILER NAME</b> Stephen Hayes		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1429.26
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 200.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 30.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 899.26
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>1</b>
<b>2</b> FILER NAME Stephen Hayes		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/9/2021	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eileen Karlsruher <hr/> <b>6</b> Contributor address; City; State; Zip Code 716 Maxie marie El Paso TX 79932	<b>7</b> Amount of contribution (\$)  500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> 3/7/2021	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Carrion <hr/> <b>Contributor address; City; State; Zip Code</b> 11721 Snow Cloud Dr El Paso, Tx 79936	<b>Amount of contribution (\$)</b>  30.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> 3/9/21	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Hayes <hr/> <b>Contributor address; City; State; Zip Code</b> 10709 Pleasant Sand Dr El Paso, Tx 79924	<b>Amount of contribution (\$)</b>  899.26
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  <hr/> <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME Stephen Hayes	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/1/21	<b>5</b> Payee name UZMarketing	
<b>6</b> Amount (\$) 652.45 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 5900 Bingle Rd Houston, TX 77092	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Stephen Hayes	Office sought / Office held EPISD District 5 Trustee
Date 3/16/21	Payee name Northeast Printing	
Amount (\$) 246.81 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9728 A Dyer St El Paso, TX 79924	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Push Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Stephen Hayes	Office sought / Office held EPISD District 5 Trustee
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Stephen Hayes	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/1/21	<b>5</b> Payee name www.Godaddy.com	
<b>6</b> Amount (\$) 30.00	<b>7</b> Payee address; City; State; Zip Code WWW.GODADDY.COM	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Website
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Stephen Hayes	Office sought EPISD District 5 Trustee
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED