

# 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) 00085728	<b>2</b> Total pages filed: 8	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Stormy D.	<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 01/16/2024		
	NICKNAME LAST SUFFIX Bradley			
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P.O. Box 847  Big Spring, TX 79720	Date Hand-delivered or Date Postmarked		
		Receipt #	Amount	
		Date Processed		
		Date Imaged		
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Lisa			
	NICKNAME LAST SUFFIX Lisker			
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 228 S. Washington St. Ste. 115 Alexandria, TX 22314			
	AREA CODE PHONE NUMBER EXTENSION (703) 281-7540			
<b>8</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)
<b>9</b> PERIOD COVERED	Month Day Year 07/01/2023	THROUGH	Month Day Year 12/31/2023	
<b>10</b> ELECTION	ELECTION DATE Month Day Year 03/05/2024	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
		<input type="checkbox"/> General	<input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any)	<b>12</b> OFFICE SOUGHT (if known) State Representative		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 8

<b>13 C / OH NAME</b> Bradley, Stormy D.	<b>14 Filer ID</b> (Ethics Commission Filers) 00085728
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	26,385.26
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	19.13
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	56,750.18
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	30,000.00

**17 AFFIDAVIT**

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.

Stormy D. Bradley  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Bradley, Stormy D.		<b>19 Filer ID</b> (Ethics Commission Filers) 00085728
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 26,385.26
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 30,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 19.13
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/8
2 FILER NAME Bradley, Stormy D.		3 Filer ID (Ethics Commission Filers) 00085728
4 Date 12/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Casper, Mary	7 Amount of Contribution (\$) \$104.10
	6 Contributor address; City; State; Zip Code  San Angelo, TX 76904	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DelBarrio, John	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Boerne, TX 78015	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) USAA
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DiiBon, Jordan	Amount of Contribution (\$) \$26.03
	Contributor address; City; State; Zip Code  San Angelo, TX 76901	
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DiiBon, Nicholas	Amount of Contribution (\$) \$26.03
	Contributor address; City; State; Zip Code  San Angelo, TX 76901	
Principal occupation / Job title (See Instructions) MTL		Employer (See Instructions) USAF
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Family Empowerment Coalition PAC	Amount of Contribution (\$) \$25,000.00
	Contributor address; City; State; Zip Code  Austin, TX 78734	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/3 Rpt: 5/8
<b>2</b> FILER NAME Bradley, Stormy D.		<b>3</b> Filer ID (Ethics Commission Filers) 00085728
<b>4</b> Date 12/27/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ham, Joel <hr/> <b>6</b> Contributor address; City; State; Zip Code  Big Lake, TX 76932	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Rancher		<b>9</b> Employer (See Instructions) Self
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hardwick, Travis <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TCC Multifamily Interiors
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Maloney, Darcy <hr/> Contributor address; City; State; Zip Code  Wall, TX 76957	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Moore , Ginger <hr/> Contributor address; City; State; Zip Code  San Angelo, TX 76904	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Read, Teddye <hr/> Contributor address; City; State; Zip Code  San Angelo, TX 76904	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 6/8
<b>2</b> FILER NAME Bradley, Stormy D.		<b>3</b> Filer ID (Ethics Commission Filers) 00085728
<b>4</b> Date 12/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robillard, Barbara	<b>7</b> Amount of Contribution (\$) \$150.00
	<b>6</b> Contributor address; City; State; Zip Code  Millersview, TX 76862	
<b>8</b> Principal occupation / Job title (See Instructions) Requested		<b>9</b> Employer (See Instructions) Requested

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 7/8
<b>2</b> FILER NAME Bradley, Stormy D.		<b>3</b> Filer ID (Ethics Commission Filers) 00085728
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 12/31/2023	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley, Stormy	<b>9</b> Loan Amount (\$) \$30,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Big Spring, TX 79720	<b>10</b> Interest Rate
		<b>11</b> Maturity Date 12/31/2024
<b>12</b> Principal occupation / Job title (See Instructions) Owner		<b>13</b> Employer (See Instructions) Bulldog Steel
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 8/8	<b>2</b> FILER NAME Bradley, Stormy D.	<b>3</b> Filer ID (Ethics Commission Filers) 00085728	
<b>4</b> Date 12/31/2023	<b>5</b> Payee name WinRed		
<b>6</b> Amount (\$) \$19.13	<b>7</b> Payee address; City; State; Zip Code 1776 Wilson Blvd  Arlington, VA 22209		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Processing Fee	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held