

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00085803	2 Total pages filed: 9	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Stephen C.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2024
	NICKNAME Steve	LAST Rogers	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	Date Hand-delivered or Date Postmarked
	REDACTED PER 254.0313, GOV'T CODE			Receipt #
				Amount
				Date Processed
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Phillip	MI	
	NICKNAME	LAST Andrews	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY; STATE; ZIP CODE
	REDACTED PER 254.0313, GOV'T CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
		(713) 204-4664		
8 REPORT TYPE	<input 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 checked="" 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)			
9 PERIOD COVERED	Month Day Year 02/25/2024	THROUGH	Month Day Year 06/30/2024	
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE	
			<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) District Judge District 268 Fort Bend		12 OFFICE SOUGHT (if known)	

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

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13 C / OH NAME Rogers, Stephen C. (The Honorable)	14 Filer ID (Ethics Commission Filers) 00085803
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15 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. <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.	
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	432.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	57,611.00

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.

 The Honorable Stephen C. Rogers
 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 oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Rogers, Stephen C. (The Honorable)	19 Filer ID (Ethics Commission Filers) 00085803
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 350.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input checked="" type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$ 500.00
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 30.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 432.85
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 A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/9
2 FILER NAME Rogers, Stephen C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085803
4 Date 03/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alford, Jeff <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Physician		9 Contributor's Job Title Physician
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery , David <hr/> Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Lawyer		Contributor's Job Title Lawyer
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B(J): Sch: 1/1 Rpt: 5/9	
2 FILER NAME Rogers, Stephen C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085803	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date 06/23/2024	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Needville Republic Women PAC <hr/> 7 Pledgor Address; City; State; Zip Code Needville, TX 77461-1010	8 Amount of pledge (\$) \$500.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	9 In-kind description (If applicable)
10 Pledgor's principal occupation		11 Pledgor's job title	
12 Pledgor's employer/law firm		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 6/9
2 FILER NAME Rogers, Stephen C. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085803
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 03/25/2024	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers , Stephen (The Honorable)	9 Loan Amount (\$) \$30.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Needville , TX 77461	10 Interest Rate
		11 Maturity Date
12 Lender's Principal Occupation Attorney		13 Lender's Job Title Attorney
14 Lender's Employer/Law Firm Self		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

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.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 7/9	2 FILER NAME Rogers, Stephen C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085803
4 Date 03/14/2024	5 Payee name Korea Garden	
6 Amount (\$) \$166.27	7 Payee address; City; State; Zip Code 9501 Long Point Rd Houston, TX 77055	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/Beverage Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/26/2024	Payee name Seth & Alexander	
Amount (\$) \$222.79	Payee address; City; State; Zip Code 3 Sugar Creek Center Blvd #100 Sugar Land , TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Accounting Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/29/2024	Payee name Wells Fargo	
Amount (\$) \$10.00	Payee address; City; State; Zip Code P.O. Box 6995 Portland, OR 97228	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 8/9	2 FILER NAME Rogers, Stephen C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085803
4 Date 04/30/2024	5 Payee name Wells Fargo	
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code P.O. Box 6995 Portland, OR 97228	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Service Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2024	Payee name Wells Fargo	
Amount (\$) \$10.00	Payee address; City; State; Zip Code P.O. Box 6995 Portland, OR 97228	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2024	Payee name WinRed	
Amount (\$) \$3.94	Payee address; City; State; Zip Code 1776 Wilson Blvd Ste 530 Arlington, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees for 03/01/24 deposit
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 9/9	2 FILER NAME Rogers, Stephen C. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085803
4 Date 03/07/2024	5 Payee name WinRed	
6 Amount (\$) \$9.85	7 Payee address; City; State; Zip Code 1776 Wilson Blvd Ste 530 Arlington, VA 22209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees for 03/07/24 deposit
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate/Officeholder name	Office sought
		Office held