CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

Seminanual reports: Seminanual reports: Seminanual report is true and cornect.	1	Filer ID (Ethi	cs Commission Filers)	2 Total pages filed:			OFFICE I	ICE ONLY	
3 CANDIDATE/ OFFICEHOLDER NAME Mr. Michael Travis Dioze/2024 Date Processed Date Processed Recept : Actourt Date Processed Date Images D	-	`	os commission i hers)	, ,				ISE UNLY	
OFFICEHOLDER NAME Mic. Mi	3	CANDIDATE /	MS / MRS / MR	FIRST		MI	4		
NICKNAME	Ŭ	OFFICEHOLDER				1411		ALLY FILED	
Stevens		NAME				SHEELY			
A ORIGINAL REPORT TYPE			IVICITIVALVIL			301117			
REPORT TYPE	4	ORIGINAL	January 15	Runoff	Other (s	specify)	Date Hand-delivered or	Date Postmarked	
Sith day before election Sith day before election Sith day defore ele					Ш `	7,	Receipt #	Amount	
Serial day before election Serial Report (Attach CIOCH-FE) Date Processed							-		
SORIGINAL PERIOD O9/27/2024 THROUGH THROUGH THROUGH TO 10/26/2024 THROUGH THROUGH TO 10/26/2024 THROUGH THROUGH TO 10/26/2024 THROUGH THR				appointment (office	holder only)		Date Processed	I.	
COVERED Og/27/2024 THROUGH 10/26/2024 EXPLANATION OF CORRECTION I filled out the previous form incorrectly and neglected to list my contribution balance. I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filling this corrected report not later than the 14th business day after the date I learned that the report as originally filled is inaccurate or incomplete. I swear, or affirm, that I amy error or omission in the report as originally filled was made in good faith. Mr. Michael Travis Stevens Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Swom to and subscribed before me, by the said	_			<u> </u>	·		_		
6 EXPLANATION OF CORRECTION I filled out the previous form incorrectly and neglected to list my contribution balance. I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filling this corrected report not later than the 14th business day after the date I learned that the report as originally filled is inaccurate or incomplete. I swear, or affirm, that I amy error or omission in the report as originally filled was made in good faith. AFFIX NOTARY STAMP / SEAL ABOVE Swom to and subscribed before me, by the said of, 20, to certify which, witness my hand and seal of office.	5		,			Year	Date Imaged		
Filled out the previous form incorrectly and neglected to list my contribution balance. AFFIDAVIT	_				10/26/2024				
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Michael Travis Stevens Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said	6			acted to list my contrib	ution halanco				
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. X Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Michael Travis Stevens Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said		i illed out the previou	s form incorrectly and negli	ected to list my contrib	ulion balance.				
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. X Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Michael Travis Stevens Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said									
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. X Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Michael Travis Stevens Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said									
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. X Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Michael Travis Stevens Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said									
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. X Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Michael Travis Stevens Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said									
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. X Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Michael Travis Stevens Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said									
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. X Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Michael Travis Stevens Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said									
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. X Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Michael Travis Stevens Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said									
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. X Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Michael Travis Stevens Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said									
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. X Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Michael Travis Stevens Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said									
I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. X Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Michael Travis Stevens Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said	7	ΛΕΕΙDΑ\/IT							
Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Michael Travis Stevens	•	ALLIDAVII				enalty of perjury	, that this corrected	report is true	
Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. X Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Michael Travis Stevens				and	correct.				
was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. X Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Michael Travis Stevens				Che	ck the box next to any	and all applica	ble statements:		
was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. X Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Michael Travis Stevens					Semiannual reports	s: I swear. or	affirm that the origin	nal report	
Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Michael Travis Stevens Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said				Ш	was made in good fa	aith and without	it an intent to mislead or to		
report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Michael Travis Stevens Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said					misrepresent the info	ormation contaii	ned in the report.		
report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Michael Travis Stevens Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said				X	Other reports:	swear, or affirm,	ı, that I am filing this corrected		
swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Michael Travis Stevens Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day of, to certify which, witness my hand and seal of office.					report not later than	the 14th busine	ss day after the date	e I learned	
filed was made in good faith. Mr. Michael Travis Stevens 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.					swear, or affirm, tha	t any error or or	nission in the report	as originally	
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 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 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.					Mr	Michael Trav	vis Stevens		
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.									
Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.		AFFIX NOTARY ST	AMP / SEAL ABOVE		Sigridit	ire di Candidale	on Onicentitien		
of, 20, to certify which, witness my hand and seal of office.									
of, 20, to certify which, witness my hand and seal of office.		Sworn to and subsc	ribed before me, by the sai	d		, this t	he	day	
		of	, 20, to cert	ify which, witness my l	hand and seal of office	э.		-	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath									
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath									
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath									
		Signature of office	er administering oath	Printed name of of	ficer administering oa	th	Title of officer admir	istering oath	

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl		1 Filer ID (Ethics Commiss 00086201	sion Filers)	2 Total pages file 6	d:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY			
NAME	Mr.	Michael Travis	3		Date Received				
					ELECTRONICAI	LY FILED			
	NICKNAME	LAST		SUFFIX	10/26/2024				
	MCRIVANIL	Stevens		301117					
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or I	Date Postmarked			
MAILING	7007 Anacua Crk				Receipt #	Amount			
ADDRESS					receipt "	, and an			
Change of Address	San Antonio, TX 78253				Date Processed	<u> </u>			
					Date Imaged				
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-				
TREASURER NAME	Mrs.	Leticia Lorraine	Э						
	NICKNAME	LAST		SUFFIX					
		Gomez							
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STAT	E; ZIP CODE			
TREASURER ADDRESS	4802 Lyceum								
(Residence or Business)	San Antonio, TX 78229								
	,								
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION						
TREASURER PHONE	(210) 219-7715								
8 REPORT TYPE		7 2045 45555		D#	7 4545 4	:			
'	January 15	30th day before	electioni	Runoff	15th day after campappointment (office				
	July 15	8th day before		Exceeded modified	Final Report (Attac	h C/OH-FR)			
		_	— ,	reporting limit	_				
9 PERIOD	Month Day Year			Month Day	Year				
COVERED	09/27/2024	TH	IROUGH	10/26/202	4				
10 ELECTION	ELECTION DATE			ELECTION TYPE					
	Month Day Year	P	rimary	Runoff	Other				
	11/05/2024	XG	eneral	Special					
11 OFFICE	OFFICE HELD (if any)	·		12 OFFICE SOUGHT	(if known)				
	, , ,				ducation District 1	_			
		COT	O PAGE 2						
		GOI	O FAGE 2						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 6

13 C / OH NAME	Stevens, Michael Tra	avis (Mr.)	14 Filer ID (00086201	(Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	ommittees to support the holder's knowledge or tice of such expenditures.						
Additional Pages	COMMITTEE TYPE							
	GENERAL							
	SPECIFIC	PECIFIC						
	COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00				
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00				
EXPENDITURE TOTALS								
	4. TOTAL POLITION	CAL EXPENDITURES		\$ 113.73				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AST DAY OF THE	\$ 268.49					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT								
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.						
		Mr. Mic	hael Travis Stevens					
		Signature of	Candidate or Officehole	der				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
Sworn to and subso	cribed before me, by the s	aid	, this the	day				
		ertify which, witness my hand and seal of office.						
Signature of office	er administering	Printed name of officer administering	Title of officer	administering oath				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		4 of 6		
18 FILI	(Ethics Commission Filers)			
20 SCI NAI	HEDULI ME OF	SUBTOTAL AMOUNT		
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 113.73
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
l	Sch: 1/2 Rpt: 5/6	Stevens, Michael Travis (Mr.) 00086201
4	Date	5 Payee name
	09/30/2024	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	100 West Houston Street
		San Antonio , TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Banking service fee.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/17/2024	Murphy USA
H	Amount (\$)	Payee address; City; State; Zip Code
	\$36.14	175 Interstate 35 N.
		Devine, TX 78016
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Travel to Laredo for campaigning.
		Travel to Earled for earlipaigning.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/20/2024	Quick Trip
Н	Amount (\$)	Payee address; City; State; Zip Code
l	\$31.45	10917 Marback Rd.
		San Antonio , TX 78245
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Return trip from Laredo, after campaigning.
		return tip nom Earcus, and campaigning.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
T		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, ₋ I Coi	mmittee	Legal Service	Memorials Expense		Expense Wages/Co	ontract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)
	Sch: 2/2 Rpt: 6/6		Stevens, M	1ichael Tra	avis (Mr.)					00086201	
4	Date	5	Payee name								
	10/20/2024		Refuel								
6	Amount (\$)	7	Payee addr	ess; City	v: Sta	ate; Zip C	ode				
ľ	\$36.14	•	8288 Talle		<i>y</i> ,	c, <u>Lip</u> C	ouc				
	Ψ00.1		0200 14110	y i tu.							
			San Anton	io, TX 782!	54						
8	PURPOSE	(a)	Category (See Categories	listed at the top of this	schedule)	(b) D	escription			
	OF EXPENDITURE		Travel In D					_		de of Texas. Com	
	-						Ļ	_		officeholder living	
							'	iavei lu Lait	euc	for campaiç	ining.
Ļ			- "				<u> </u>			- m	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ticenolder n	ame	Office so	ugnt			Office he	la .