

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: <div style="text-align: center; font-size: 2em;">11</div> | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Steven P</div> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Steve Dixon</div> | <div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">OFFICE USE ONLY</div> <div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.5em; color: red;">RECEIVED</div> <div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.5em; color: red;">APR 25 2018</div> <div style="text-align: center; border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">Town of Flower Mound Town Secretary's Office</div> <div style="text-align: right; font-size: 1.2em; margin-top: 5px;">8:23 AM Re.</div> <hr style="border-top: 1px solid black;"/> Date Hand-delivered or Date Postmarked <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table> | | Receipt # | Amount \$ | Date Processed | | Date Imaged | | | |
| Receipt # | Amount \$ | | | | | | | | | | |
| Date Processed | | | | | | | | | | | |
| Date Imaged | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.5em;">4604 Wisdom Creek Ct Flower Mound, TX 75022</div> | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.5em;">(912) 355-8132</div> | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">Steven P</div> <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">Steve Dixon</div> | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.5em;">4604 Wisdom Creek Ct Flower Mound, TX 75022</div> | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.5em;">(912) 355-8132</div> | | | | | | | | | | |
| 9 REPORT TYPE | <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> | | | <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 type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) |
| <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 type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | |
| 10 PERIOD COVERED | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;">04 / 06 / 2018</td> <td></td> <td style="text-align: center; font-size: 1.5em;">04 / 25 / 2018</td> </tr> </table> | | | Month Day Year | THROUGH | Month Day Year | 04 / 06 / 2018 | | 04 / 25 / 2018 | | |
| Month Day Year | THROUGH | Month Day Year | | | | | | | | | |
| 04 / 06 / 2018 | | 04 / 25 / 2018 | | | | | | | | | |
| 11 ELECTION | ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.5em;">05 / 05 / 2018</div> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | |
| 12 OFFICE OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.5em; font-family: cursive;">Mayor</div> | | | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Steve Dixon

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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.

| | | |
|---------------------------------------------------------------------------|--------------------------------------|----------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | COMMITTEE ADDRESS | |
| | COMMITTEE CAMPAIGN TREASURER NAME | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4000.01

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 2,275.87

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

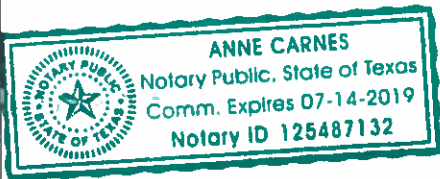
\$ 2,536.91

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said STEVE DIXON, this the 25th day of APRIL, 20 18, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Anne Carnes
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

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

| | | |
|-----------------------------------------------------------------------------------------------------------------|--|----------------------------------------|
| 19 FILER NAME <i>Steve Dixon</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ <i>4000.01</i> |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ <i>456.56</i> |
| 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 | | \$ <i>2,200.00</i> |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ <i>75.87</i> |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ |
| 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Steve Dixon

3 Filer ID (Ethics Commission Filers)

4 Date

4/5/18

5 Full name of contributor

out-of-state PAC (ID#: _____)

Chase Bank Interest income

6 Contributor address;

City; State; Zip Code

P.O. Box 659754

San Antonio, TX 78265

7 Amount of contribution (\$)

.01

8 Principal occupation / Job title (See Instructions)

Bank

9 Employer (See Instructions)

Date

4/6/18

Full name of contributor

out-of-state PAC (ID#: _____)

Susan Huskinson

Contributor address;

City; State; Zip Code

3713 Lippizauer Ct

Flower Mound, TX 75028

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

n/a

Employer (See Instructions)

Date

4/16/2018

Full name of contributor

out-of-state PAC (ID#: _____)

Sandi Shipley

Contributor address;

City; State; Zip Code

917 Meadow Dr.

Copper Canyon, TX 75077

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

LSD

Employer (See Instructions)

Date

4/16/18

Full name of contributor

out-of-state PAC (ID#: _____)

Shawn Graef

Contributor address;

City; State; Zip Code

4904 HALEY Dr.

Flower Mound, TX 75028

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

housewife

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

4/16/18

Jodi Crawford

100.00

6 Contributor address; City; State; Zip Code

707 Ashley Ct
Highland Village, TX 75077

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

housewife

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/16/18

Nancy Kleckner

300.00

Contributor address; City; State; Zip Code

2608 Wisdom Creek Dr
Flower Mound, TX 75022

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Self-employed - Auto Lube

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/16/18

Joy Drew

100.00

Contributor address; City; State; Zip Code

5100 Seville Ln
Flower Mound, TX 75028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

housewife

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/16/18

Karen Torti

100.00

Contributor address; City; State; Zip Code

4900 Arce Saddle way
Flower Mound, TX 75028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Marketing

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME Steve Dixon

3 Filer ID (Ethics Commission Filers)

4 Date
4/16/18

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

Katie Mayer
6 Contributor address; City; State; Zip Code
3612 Burlington
Flower Mound, TX 75022

225.00

8 Principal occupation / Job title (See Instructions)
Attorney

9 Employer (See Instructions)

Date
4/16/19

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Jeannie Campbell
Contributor address; City; State; Zip Code
3400 Emerald Cove Dr.
Flower Mound, TX 75022

25.00

Principal occupation / Job title (See Instructions)
housewife

Employer (See Instructions)

Date
4/16/19

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Cathryn Lang
Contributor address; City; State; Zip Code
3420 Phasant Ct
Flower Mound, TX 75022

25.00

Principal occupation / Job title (See Instructions)
non-profit manager

Employer (See Instructions)

Date
4/16/2018

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Jim Linker
Contributor address; City; State; Zip Code
2504 Cross Haven
Flower Mound, TX 75022

25.00

Principal occupation / Job title (See Instructions)
Sales

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME **Steve Dixon**

3 Filer ID (Ethics Commission Filers)

4 Date **4/16/19**

5 Full name of contributor out-of-state PAC (ID#: _____)
Lee Dellinger

7 Amount of contribution (\$) **200.00**

6 Contributor address; City; State; Zip Code
**2808 Meadow Glen Dr
Flower Mound, TX 75022**

8 Principal occupation / Job title (See Instructions)
media Marketing

9 Employer (See Instructions)

Date **4/16/18**

Full name of contributor out-of-state PAC (ID#: _____)
Robert Seay

Amount of contribution (\$) **250.00**

Contributor address; City; State; Zip Code
**2004 Winding Creek Blvd
Flower Mound, TX 75022**

Principal occupation / Job title (See Instructions)
CPA

Employer (See Instructions)

Date **4/16/18**

Full name of contributor out-of-state PAC (ID#: _____)
Robert Monds

Amount of contribution (\$) **350.00**

Contributor address; City; State; Zip Code
**1821 Foxborough Tr
Flower Mound, TX 75022**

Principal occupation / Job title (See Instructions)
Energy Consultant

Employer (See Instructions)

Date **4/16/18**

Full name of contributor out-of-state PAC (ID#: _____)
Asst. of Seay

Amount of contribution (\$) **250.00**

Contributor address; City; State; Zip Code
**342 Long Prairie
Flower Mound, TX 75022**

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

4/16/18

FRANK HECKMAN

6 Contributor address; City; State; Zip Code

3700 FORUMS
FLOWER MOUND, TX 75028

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

REAL ESTATE MANAGEMENT

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/20/18

MARC MATHITT

Contributor address; City; State; Zip Code

2708 CRATER LAKE
DENTON, TX 76210

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

APPRAISAL DISTRICT

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/20/18

MARK WISE

Contributor address; City; State; Zip Code

4724 SABLE WAY
FLOWER MOUND, TX 75028

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

REAL ESTATE

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 1 |
| 2 FILER NAME Steve Dixon | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 456.56 |
| 5 Date 4/13/18 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Hayden 7 Contributor address; City; State; Zip Code 4213 Hunter Rd Flower Mound, TX 75028 | 8 Amount of Contribution \$ 9 In-kind contribution description 456.56 FOOD <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) housewife | | 11 Employer (FOR NON-JUDICIAL)(See Instructions) N/A |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | |

| | | |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of Contribution \$ In-kind contribution description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) | | Employer (FOR NON-JUDICIAL)(See Instructions) |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL)(See Instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE 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: 2 FILER NAME *Steve Dixon* 3 Filer ID (Ethics Commission Filers)

4 Date *4/12/2018* 5 Payee name *The Cross Timbers Gazette*

6 Amount (\$) *2,200.00* 7 Payee address; City; State; Zip Code
*6101 Long Prairie Rd 744-186
 Flower Mound, TX 75028*

8 (a) Category (See Categories listed at the top of this schedule) *Advertising - Paper/sticker*
 (b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name *Steve Dixon* Office sought *Mayor* Office held *None*

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | 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 F4: | 2 FILER NAME <i>Steve Dixon</i> | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ <i>75.87</i> | |
| 5 Date <i>4/20/2013</i> | 6 Payee name <i>Home Depot</i> | | |
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code <i>852 International Pkwy Flower Mound, TX 75028</i> | | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising - Sign supplies</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name <i>Steve Dixon</i> | Office sought <i>Mayor</i> | Office held <i>None</i> |
| Date | Payee name | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | | |
| PURPOSE OF EXPENDITURE | 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