

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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
MR STEWART DEEN DICKSON JR			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	2860 JANIE LANE SAN ANGELO TX 76905		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(325)	651-7543	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
MRS BONNIE BORN			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	6442 TREECE RD SAN ANGELO, TX 76905		
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(325)	651-8502	
9 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 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	Month	Day	Year
	01	30	2016
THROUGH		Month	Day
		02	22
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
03/01/2016		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	CONSTABLE PCT. #2 TOM GREEN CO		CONSTABLE PCT #2 TOM GREEN CO
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME STEWART DEEN DICKSON JR

15 Filer ID (Ethics Commission Filers)

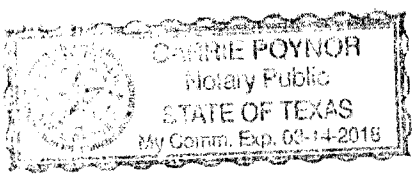
16 NOTICE FROM POLITICAL COMMITTEE(S)
Additional Pages

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER.

COMMITTEE TYPE: GENERAL, SPECIFIC; COMMITTEE NAME; COMMITTEE ADDRESS; COMMITTEE CAMPAIGN TREASURER NAME; COMMITTEE CAMPAIGN TREASURER ADDRESS

Table with 6 rows: CONTRIBUTION TOTALS, EXPENDITURE TOTALS, CONTRIBUTION BALANCE, OUTSTANDING LOAN TOTALS. Columns include description, amount, and dollar value.

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 of Candidate or Officeholder (Stewart Deen Dickson)

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said S Deen Dickson, this the 23rd day of February, 2016, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Carrie Poyner; Printed name of officer administering oath: Carrie Poyner; Title of officer administering oath: Court clerk

SUBTOTALS - C/OH

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,770.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
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	\$ 3,770.77
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 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:
2 FILER NAME STEWART DEEN DICKSON JR		3 Filer ID (Ethics Commission Filers)
4 Date 2/9/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID K. MCINTYRE	7 Amount of contribution (\$) \$ 50.00
	6 Contributor address; City; State; Zip Code 7345 S RITZLEF RD SAN ANGELO TX 76904	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/9/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAY & DESTA CROOKS	Amount of contribution (\$) \$ 100.00
	Contributor address; City; State; Zip Code 10274 MOUNTAINVIEW LN SAN ANGELO TX, 76901	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/9/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES + SANDRA SMITH	Amount of contribution (\$) \$ 100.00
	Contributor address; City; State; Zip Code 11075 N. GRAPE CREEK RD SAN ANGELO TX 76901	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/12/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOBY TAYLOR	Amount of contribution (\$) \$ 2000.00
	Contributor address; City; State; Zip Code 13257 E. JARRATT RD SAN ANGELO TX 76905	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME STEWART DEEN DICKSON JR		3 Filer ID (Ethics Commission Filers)
4 Date 2/9/2016	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC/TEXAS ASSOC. OF REALTORS 6 Contributor address; City; State; Zip Code P.O. BOX 2246 AUSTIN, TX 78768-2246	7 Amount of contribution (\$) \$ 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/9/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT HOUSLEY Contributor address; City; State; Zip Code 2540 LIVE OAK ST SAN ANGELO TX 76901	Amount of contribution (\$) \$ 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/9/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLOS RODRIGUES Contributor address; City; State; Zip Code 314 W HARRIS SAN ANGELO TX 76901	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/9/2016	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID + EUNICE HOHENSEE Contributor address; City; State; Zip Code 10202 FM HWY 765 SAN ANGELO TX 76905	Amount of contribution (\$) \$ 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 <i>STEWART DEEN DICKSON JR</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-31-2016</i>	5 Payee name <i>1ST COMMUNITY FED CREDIT UNION</i>	
6 Amount (\$) <i>\$ 7.00</i>	7 Payee address; City; State; Zip Code <i>3505 WILDEWOOD DR SAN ANGELO, TX 76904</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>BANKSERVICE CHARGE.</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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>2-1-2016</i>	Payee name <i>TRACTOR SUPPLY</i>	
Amount (\$) <i>\$ 83.17</i>	Payee address; City; State; Zip Code <i>2701 SOUTHWEST BLVD SAN ANGELO TX 76904</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>T- POST FOR SIGNS</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>2-2-2016</i>	Payee name <i>GUNTER WHOLESALE</i>	
Amount (\$) <i>\$ 30.63</i>	Payee address; City; State; Zip Code <i>606 S IRVING SAN ANGELO TX 76903</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ZIP TIES</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 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

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 <i>STEWART DEEN DICKSON JR</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-11-2016</i>	5 Payee name <i>COMPANY PRINTING</i>	
6 Amount (\$) <i>\$ 1,645.10</i>	7 Payee address; City; State; Zip Code <i>3419 KNICKERBOCKER RD SAN ANGELO TX 76903</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>MAIL OUTS</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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>2-11-2016</i>	Payee name <i>SAN ANGELO STANDARD TIMES</i>	
Amount (\$) <i>\$ 655.50</i>	Payee address; City; State; Zip Code <i>34 W HARRIS AVE SAN ANGELO, TX 76903</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>NEWSPAPER ADVERTISEMENT</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>2-13-2016</i>	Payee name <i>TOWN SQUARE MEDIA</i>	
Amount (\$) <i>\$ 1,316.20</i>	Payee address; City; State; Zip Code <i>1301 S. ABE SAN ANGELO TX 76903</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>RADIO AD'S</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

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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 STEWART DEEN DILKSON JR	3 Filer ID (Ethics Commission Filers)
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4 Date 2-16-2016	5 Payee name OFFICE MGR
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6 Amount (\$) 33.17	7 Payee address; City; State; Zip Code 4225 SUNSET DR SAN ANGELO, TX 76904
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PAPER SUPPLIES FOR CAMPAIGN	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED