



**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME **Stephen C. Floyd** 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

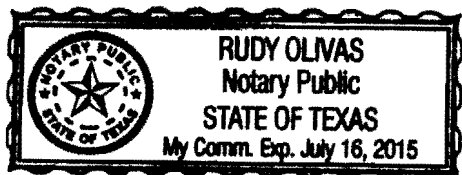
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

additional pages

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

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 46.35
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,546.35
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,374.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 349.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,000.00

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.

*Stephen C. Floyd*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the 15<sup>th</sup> day of July, 2014, to certify which, witness my hand and seal of office.

*R. Olivas*

Signature of officer administering oath

*Rudy Olivas (Rudy) Olivas*

Printed name of officer administering oath

*Exec. Coord.*

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4</b>	
2 FILER NAME <b>Stephen C. Floyd</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>02/24/2014</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lee Pfluger</b>	7 Amount of contribution (\$) <b>100.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>PO Box 1991 San Angelo, TX 76902</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>02/24/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David and Judith Hirschfeld</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1961 Beaty Rd San Angelo, TX 76904</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>02/24/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Larry and Cheryl Ricci</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1107 Montecito Drive San Angelo, TX 76901</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>02/24/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Sonny and Claudia Cleere</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>1910 Austin Street San Angelo, TX 76901</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>02/24/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stephen and Ellen Brown</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4705 Timber Tidge San Angelo, TX 76904</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **4**

2 FILER NAME  
**Stephen C. Floyd**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**02/24/2014**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Chuck Shore**  
6 Contributor address; City; State; Zip Code  
**3345 Cedarhill Drive  
San Angelo, TX 76904**

7 Amount of contribution (\$) **50.00**  
  
(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date  
**02/24/2014**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Bill Wiedenfield**  
Contributor address; City; State; Zip Code  
**3317 Clearview  
San Angelo, TX 76904**

Amount of contribution (\$) **50.00**  
  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**02/24/2014**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jim Davidson**  
Contributor address; City; State; Zip Code  
**3141 Grandview Drive  
San Angelo, TX 76904**

Amount of contribution (\$) **50.00**  
  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**02/26/2014**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**J.B. Terrill**  
Contributor address; City; State; Zip Code  
**1609 Stonebridge Drive  
San Angelo, TX 76904**

Amount of contribution (\$) **50.00**  
  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**02/25/2014**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Wes Master**  
Contributor address; City; State; Zip Code  
**1204 Pinehurst Ct  
San Angelo, TX 76904**

Amount of contribution (\$) **50.00**  
  
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A: **4**

2 FILER NAME **Stephen C. Floyd** 3 ACCOUNT # (Ethics Commission Filers)

4 Date <b>02/24/2014</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dick Robertson</b>	7 Amount of contribution (\$) <b>200.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>2415 Live Oak Street San Angelo, TX 76901</b>		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)

Date <b>02/24/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Marilyn Mohler</b>	Amount of contribution (\$) <b>50.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2811 Canyon Creek San Angelo, TX 76904</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>02/23/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Vic and Cathy Choate</b>	Amount of contribution (\$) <b>500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3818 Hillcrest Drive San Angelo, TX 76904</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>03/03/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Ernest Schwartz, Sr.</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5714 Debus Rd. San Angelo, TX 76905</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>02/24/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kirk Cleere</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO Box 1622 San Angelo, TX 76902</b>		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>4</b>	
2 FILER NAME <b>Stephen C. Floyd</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>02/27/2014</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lee Pfluger - Ranch</b>	7 Amount of contribution (\$) <b>1,000.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>PO Box 1991 San Angelo, TX 76902</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>03/04/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ken F. and Jackie Sanders</b>	Amount of contribution (\$) <b>250.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2801 Palo Duro Drive San Angelo, TX 76904</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>03/24/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gerald and Dolores Fohn</b>	Amount of contribution (\$) <b>100.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>3105 Scenic Vista Drive San Angelo, TX 76904</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>03/24/2014</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Louis J. Fohn</b>	Amount of contribution (\$) <b>200.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>716 S. Koenigheim San Angelo, TX 76903</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2	2 FILER NAME Stephen C. Floyd	3 ACCOUNT # (Ethics Commission Filers)
4 Date 02/26/2014	5 Payee name Clemens & Associates	
6 Amount (\$) 2,008.00	7 Payee address; City; State; Zip Code 21 W. Beauregard San Angelo, TX 76903	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Advertising Signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/28/2014	Payee name Clemens & Associates	
Amount (\$) 2,386.00	Payee address; City; State; Zip Code 21 W. Beauregard San Angelo, TX 76903	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) TV and Radio Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/04/2014	Payee name Clemens & Associates	
Amount (\$) 305.00	Payee address; City; State; Zip Code 21 W. Beauregard San Angelo, TX 76903	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Avdertising Expense	Description (If travel outside of Texas, complete Schedule T) TV and Radio Ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/09/2014	Payee name City Cafe & Bakery	
Amount (\$) 129.90	Payee address; City; State; Zip Code 108 Pierce San Angelo, TX 76901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Food/Beverage Expense	Description (If travel outside of Texas, complete Schedule T) Fundraiser Catering Service
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                               |                                  |                                            |
|---------------------|-------------------------------|----------------------------------|--------------------------------------------|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor    | Loan Repayment/Reimbursement               |
| Accounting/Banking  | Legal Services                | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Travel In District               | Contributions/Donations Made By            |
| Event Expense       | Polling Expense               | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                | Printing Expense              | Office Overhead/Rental Expense   | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 2	<b>2</b> FILER NAME Stephen C. Floyd	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 03/09/2014	<b>5</b> Payee name Clemens & Associates	
<b>6</b> Amount (\$) 459.34	<b>7</b> Payee address; City; State; Zip Code 21 W. Beauregard San Angelo, TX 76903	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Newspaper Advertising
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/25/2014	Payee name Clemens & Associates	
Amount (\$) 86.60	Payee address; City; State; Zip Code 21 W. Beauregard San Angelo, TX 76903	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Foldover Cards and Envelopes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		