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

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR (MR circled) MR FIRST Steven MI G	
	NICKNAME Steve LAST WRIGHT SUFFIX	

OFFICE USE ONLY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS [ ] Change of Address	ADDRESS / PO BOX; 911 IRENE St APT / SUITE #; CITY; Seagoville STATE; tx ZIP CODE 75159

Date Rec'd

5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (972) PHONE NUMBER 742-0740 EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME	MS / MRS / MR (MRS circled) FIRST Stacy MI D
	NICKNAME LAST WRIGHT SUFFIX

Receipt #	Amount $

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 911 IRENE St APT / SUITE #; CITY; Seagoville	STATE; tx ZIP CODE 75159

8 CAMPAIGN TREASURER PHONE	AREA CODE (817) PHONE NUMBER 874-8412 EXTENSION

9 REPORT TYPE

[ ] January 15	[ ] 30th day before election	[ ] Runoff	[ ] 15th day after campaign treasurer appointment (Officeholder Only)
[ ] July 15	[ ] 8th day before election	[X] Exceeded Modified Reporting Limit	[ ] Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 01 / Day 1 / Year 2024 THROUGH Month 3 / Day 19 / Year 2024

11 ELECTION

ELECTION DATE
Month 5 / Day 4 / Year 2024

[ ] Primary   [ ] Runoff   [ ] Other Description
[X] General   [ ] Special

12 OFFICE — OFFICE HELD (if any)

13 OFFICE SOUGHT (if known) Seagoville City Council Place #3

14 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. *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.

COMMITTEE TYPE	COMMITTEE NAME
[ ] GENERAL	COMMITTEE ADDRESS
[ ] SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

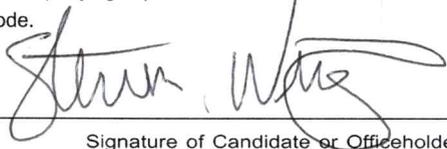**GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

| 17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1642.50
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 SIGNATURE 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

Please complete either option below:

(1) Affidavit

SARA EGAN
Notary Public, State of Texas
Comm. Expires 03-13-2026
Notary ID 131487461
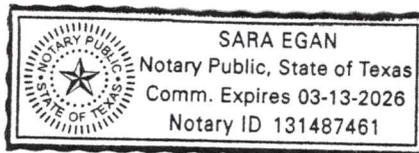
NOTARY STAMP / SEAL

Sworn to and subscribed before me by _Steve Wright_ this the _21_ day of _March_, 20_24_, to certify which, witness my hand and seal of office.

Sara Egan   _Sara Egan_   _City Sec._
Signature of officer administering oath   Printed name of officer administering oath   Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
                              (street)   (city)   (state)   (zip code)   (country)

Executed in _____ County, State of _____ , on the _____ day of _____, 20_____.
                                                                                    (month)   (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		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. ☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
6. ☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7. ☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8. ☑	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 1642.50
9. ☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10. ☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11. ☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12. ☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, **DO NOT include this page in the report.**

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
   Candidate/Officeholder/Political Committee

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Steven Wright	3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$ 1642, 50 XX

5 CREDIT CARD ISSUER	Name of financial institution Citi Bank

6 PAYMENT	(a) Amount Charged $880 00 XX	(b) Date Expenditure Charged 2/27/2024	(c) Date(s) Credit Card Issuer Paid 3/15/2024

7 PAYEE	(a) Payee name Citibank	(b) Payee address; City, State, Zip Code PO Box 9001037 Louisville KY 40290

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description 5 Banner Signs
☑ Political ☐ Non-Political	(c) ☐ 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 Steven Wright	Office Sought City Council Pl #3	Office Held

PAYMENT	(a) Amount Charged $762 50 XX	(b) Date Expenditure Charged 2/26/2024	(c) Date(s) Credit Card Issuer Paid 3/15/2024

PAYEE	(a) Payee name Citibank	(b) Payee address; City, State, Zip Code PO Box 9001037 Louisville KY 40290

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Political Yard Signs
☑ Political ☐ Non-Political	(c) ☐ 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 Steven Wright	Office Sought City Council Place #3	Office Held

PAYMENT	(a) Amount Charged $	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid

PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
☐ Political ☐ Non-Political	(c) ☐ 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