CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	buide explains how to complete this form.	1 Filer 1D (Ethics Commission Filers)	2 Total pages filed: 6		
3 CANDIDATE/ OFFICEHOLDER	Ms/Ms/Ms First Mr. Luke	мі В.	OFFICE USE ONLY		
NAME	nickname Last Brandon Steinmann	SUFFIX	Date Received COUNTY ELECTIONS NO.		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CO. P.O. Box 9357, The Woodlands	otty; state; zip code s, TX, 77384	Date Received ELECTIONS ROMANISTRATOR JAN 14 2025 SA 6 pages		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (972) 800-1215	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	Ms/MRs/MR FIRST Mr. Stephen	мі Р.	Dato Processed		
	Steve Hart	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / St 32 Aria Isle Drive, The Woodlan		STATE; ZIP CODE		
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(713) 851-3023	EXTENSION			
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campeign treasurer appointment (Officeholder Only)		
	July 16 8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Yeer 7 / 1 / 24	THROUGH 12	/ 31 / 24		
11 ELECTION	Month Day Year Primary General	ELECTION TYPE Runoff Other Description Special			
12 OFFICE	OFFICE HELD (If any) Montgomery County Clerk	13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED.				
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
,	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
	GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME L. Brandon Steinman	ın	1	16 Filer	· ID (I	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES		\$	341.94
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	101,577.02
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	190,000.00

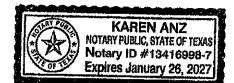
18 SIGNATURE

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.

J. Brush Sterna

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL					114 -	_
Sworn to and subscribed before me	by Luke Brandon &	stinm	<u>com</u> t	his the 10	day of	anuary.
20 35 to certify which, with	ess my hand and seal of office.	صمه ۵				
- Auch un	- Agoten	MAIC			Noten	
Signature of officer administering oath \angle	Printed name of office	er administer	ring oath		Title of office	r adhinistering oath
		OR				
(2) Unsworn Declaration						
My name is		, a	nd my date of	birth is		· · · · · · · · · · · · · · · · · · ·
My address is			······································			<u> </u>
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on th e	day of	(month)	, 20 (year)	<u>.</u> .
		www.www.ww.chitchin		(117711)	V, =,	
			Signature o	f Candidate/Of	ficeholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 L,	FILER NAME Brandon Steinmann 20 Filer ID (Ethics Co			alon Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		s	0.00
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS			0.00
4.	SCHEDULE E: LOANS	\$	0.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	ITRIBUTIONS	\$	162.94
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			179.00
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			25.00

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Boverage Expense Gift/Awards/Momorials 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)

Oredit Cord Payment	The instruction Guide explains how to	complete this form.				
1 Total pages Schedule F1:	2 FILER NAME L. Brandon Steinmann		3 Filer ID (Ethics	3 Commission Filers)		
4 Date 07/15/2024	5 Payee name SquareSpace					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
127.94	squarespace.com (online business)					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	advertising expense	Monthly website fee charged: 7/18 9/16; 10/15; 11/15; and 12/16/24				
	(C) Check if travel outside of Texas. Complete Schedule T.	Check If Austi	n, TX, officehelder living	expense		
9 Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
·				1967 - M		
Amount (\$)	Payee address;	City;	State;	Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	A STATE OF THE STA			
PURPOSE OF EXPENDITURE						
	Check if travel outside of Texas. Complete Echedulo 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		Acceptable to the second secon		
	Check if travel outside of Toxes. Complete Schedule T. Check if Austin, TX, officehold			holder living expense		
Complete QNLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politi Credit Card Payment	ical Committee	Legal Services The Instruction G	Salaries ulde explains how to	Wages/Contract Labor complete this form.	Other (enter a categor	y not listed above)
1 Total pages Schedule G:	2 FILER NA			,	3 Filer ID (Ethics	Commission Filers)
•			ailli			
4 Date 12/22/2024	5 Payee nar	ne				
6 Amount (\$) 179,00 Reimbursement from political contributions intended	7 Payee add 9450 F		, The Woodlar	clty; nds, TX 77380	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category Other	(See Categories listed at t	the lop of this schedule)	(b) Description		
	(c) (Check if travel outside of Texa	as, Complete Schedule T.	Check if Austin	, TX, officeholder ving e	(pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder n	ame	Office sought		Office held
Date	Payee nar	ne				
Amount (\$)	Payee add	lress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories fisted 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/C		ate / Officeholder n	ame	Office sought		Office held
Date	Payee nar	nė	<u>, , , , , , , , , , , , , , , , , , , </u>	ungkan silana Mininton and distributed distributed by Artifaction (Artifaction (Art	a an	
Amount (\$)	Payee add	lress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at t	he top of this schedule)	Description		
	(Check if travel outside of Texa	ıs, Complete Schedulo T.	Check if Austin	, TX, officeholder flying e	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder n	ame	Office sought		Office held
	ATTA	CH ADDITIONAL (COPIES OF THIS S	CHEDULE AS NEED	ED	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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

	bugan in the control of the control				
The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K: 1		
² FILER NAME L. Brandor	n Steinmann	3 Filer ID (Ethics	s Commission Filers)		
4 Date	5 Name of person from whom amount is received First Financial Bank		8 Amount (\$)		
07/03/	6 Address of person from whom amount is received; City; Sta P.O. Box 701, Abilene, TX, 79604	d; City; State; Zip Code 25.00			
	7 Purpose for which amount is received Check if refund for fees	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	ite; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Stat	te; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
Date	Name of person from whom amount is received		Amount (\$)		
	Address of person from whom amount is received; City; Sta	nte; Zip Code			
	Purpose for which amount is received Check if	political contribution	returned to filer		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED			