

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | | | | | | | | | | | | |
|---|--|---|--|--|---|----------------------------------|--|---|---|--|--|-----------------|----------------------------------|----------------------------------|----------|-----------|-----------|
| <p>The C/OH Instruction Guide explains how to complete this form.</p> | | <p>1 Filer ID (Ethics Commission Filers)</p> | <p>2 Total pages filed:</p> | | | | | | | | | | | | | | |
| <p>3 CANDIDATE / OFFICEHOLDER NAME</p> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">MS / MRS / MR <i>Mr</i></td> <td style="width:40%; border-bottom: 1px solid black;">FIRST <i>Steven</i></td> <td style="width:40%; border-bottom: 1px solid black;">MI <i>Q</i></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST <i>McCain</i></td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> </table> | | MS / MRS / MR <i>Mr</i> | FIRST <i>Steven</i> | MI <i>Q</i> | NICKNAME | LAST <i>McCain</i> | SUFFIX | <p style="text-align: center; font-weight: bold;">OFFICE USE ONLY</p> <hr/> <p>Date Received</p> <p style="text-align: center;">FILED FOR RECORD AT <i>4:12</i> O'CLOCK <i>P</i> M</p> <p style="text-align: center;">JAN 15 2026</p> <p>Date Hand-delivered or Date Postmarked</p> <hr/> <p>Receipt # _____ Amount \$ _____</p> <p style="text-align: center;">GENE TREVINO CLERK OF COUNTY COURT LAMAR COUNTY, TEXAS</p> <p>Date Processed</p> <hr/> <p>Date Imaged</p> | | | | | | | | |
| MS / MRS / MR <i>Mr</i> | FIRST <i>Steven</i> | MI <i>Q</i> | | | | | | | | | | | | | | | |
| NICKNAME | LAST <i>McCain</i> | SUFFIX | | | | | | | | | | | | | | | |
| <p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ADDRESS / PO BOX;</td> <td style="width:10%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:30%;">ZIP CODE</td> </tr> <tr> <td colspan="5"><i>1563 CR 338 Littlefield Tx 79339</i></td> </tr> </table> | | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | <i>1563 CR 338 Littlefield Tx 79339</i> | | | | | | | | | |
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| <p>5 CANDIDATE / OFFICEHOLDER PHONE</p> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:40%;">EXTENSION</td> </tr> <tr> <td><i>(806)</i></td> <td><i>385 549-6480</i></td> <td></td> </tr> </table> | | AREA CODE | PHONE NUMBER | EXTENSION | <i>(806)</i> | <i>385 549-6480</i> | | | | | | | | | | |
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| <i>(806)</i> | <i>385 549-6480</i> | | | | | | | | | | | | | | | | |
| <p>6 CAMPAIGN TREASURER NAME</p> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">MS / MRS / MR <i>MR</i></td> <td style="width:40%; border-bottom: 1px solid black;">FIRST <i>Tyson</i></td> <td style="width:40%; border-bottom: 1px solid black;">MI <i>D</i></td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST <i>CARR</i></td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> </table> | | MS / MRS / MR <i>MR</i> | FIRST <i>Tyson</i> | MI <i>D</i> | NICKNAME | LAST <i>CARR</i> | SUFFIX | | | | | | | | | |
| MS / MRS / MR <i>MR</i> | FIRST <i>Tyson</i> | MI <i>D</i> | | | | | | | | | | | | | | | |
| NICKNAME | LAST <i>CARR</i> | SUFFIX | | | | | | | | | | | | | | | |
| <p>7 CAMPAIGN TREASURER ADDRESS</p> <p>(Residence or Business)</p> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td colspan="5"><i>2025 FM 54 Littlefield Tx 79339</i></td> </tr> </table> | | | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | <i>2025 FM 54 Littlefield Tx 79339</i> | | | | | | | | |
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| <i>(806)</i> | <i>632-3883</i> | | | | | | | | | | | | | | | | |
| <p>9 REPORT TYPE</p> | <table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" 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 type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> | | | <input checked="" 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 type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | |
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| <p>10 PERIOD COVERED</p> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:20%; text-align: center;">THROUGH</td> <td style="width:20%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td><i>10</i></td> <td><i>31</i></td> <td><i>25</i></td> <td></td> <td><i>1</i></td> <td><i>15</i></td> <td><i>26</i></td> </tr> </table> | | | Month | Day | Year | THROUGH | Month | Day | Year | <i>10</i> | <i>31</i> | <i>25</i> | | <i>1</i> | <i>15</i> | <i>26</i> |
| Month | Day | Year | THROUGH | Month | Day | Year | | | | | | | | | | | |
| <i>10</i> | <i>31</i> | <i>25</i> | | <i>1</i> | <i>15</i> | <i>26</i> | | | | | | | | | | | |
| <p>11 ELECTION</p> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ELECTION DATE</td> <td colspan="3">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><i>03/03/26</i></td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table> | | | ELECTION DATE | ELECTION TYPE | | | Month Day Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | <i>03/03/26</i> | <input type="checkbox"/> General | <input type="checkbox"/> Special | | | |
| ELECTION DATE | ELECTION TYPE | | | | | | | | | | | | | | | | |
| Month Day Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | | | | | | | | | | | | | | |
| <i>03/03/26</i> | <input type="checkbox"/> General | <input type="checkbox"/> Special | | | | | | | | | | | | | | | |
| <p>12 OFFICE</p> | <p>OFFICE HELD (if any)</p> | <p>13 OFFICE SOUGHT (if known)</p> <p><i>Lamar County commissioner Precinct 4</i></p> | | | | | | | | | | | | | | | |
| <p>14 NOTICE FROM POLITICAL COMMITTEE(S)</p> <p><input type="checkbox"/> Additional Pages</p> | <p>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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">COMMITTEE TYPE</td> <td style="border-bottom: 1px solid black;">COMMITTEE NAME</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> GENERAL</td> <td style="border-bottom: 1px solid black;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> SPECIFIC</td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | | | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | |
| COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | | | | | | | | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Steven McCain

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)

\$ 0

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

\$ 0

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION
BALANCE

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

\$ 0

OUTSTANDING
LOAN TOTALS

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

\$ 0

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.

Steven McCain

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Tracy Bowman* this the 15 day of Jan.
20 26, to certify which, witness my hand and seal of office.

Tracy Bowman

Signature of officer administering oath

Tracy Bowman

Printed name of officer administering oath

Office Mgr

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

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 type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 0 |
| 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 type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 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 checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 75.00 |
| 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 | \$ |

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
Candidate/Officeholder/Political Committee
Credit Card Payment

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.

| | | |
|---|--|--|
| 1 Total pages Schedule G: <div style="text-align: center; font-size: 1.5em;">4</div> | 2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Steven McCain</div> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <div style="text-align: center; font-size: 1.2em;">1-15-26</div> | 5 Payee name <div style="text-align: center; font-size: 1.2em;">Steven McCain</div> | |
| 6 Amount (\$) <div style="text-align: center; font-size: 1.2em;">75.00</div> <div style="font-size: 0.8em;"> <input type="checkbox"/> Reimbursement from political contributions intended </div> | 7 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1563 CR 338 Littlefield TX 79339</div> <div style="font-size: 0.8em;"> <input checked="" type="checkbox"/> Check if individual's residence address. </div> | |
| 8 PURPOSE OF EXPENDITURE | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">Advertising Expense</div> </div> <div style="width: 45%;"> (b) Description <div style="text-align: center; font-size: 1.2em;">Signs</div> </div> </div> <div style="font-size: 0.8em; margin-top: 5px;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Candidate / Officeholder name</div> <div style="width: 25%;">Office sought</div> <div style="width: 30%;">Office held</div> </div> | | |

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|--|---|
| Date | Payee name |
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| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Description <div style="font-size: 0.8em;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> |
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED