

# 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:  
12

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MR

FIRST: Stephen MI: D  
NICKNAME: LAST: GERMANN SUFFIX:

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: 555 Ginspurr APT / SUITE #: Seguin CITY: Tx STATE: Tx ZIP CODE: 78155

REC'D JAN 13 2022

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (830) PHONE NUMBER: 560-6580 EXTENSION:

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR

FIRST: Carla MI: Jeon  
NICKNAME: LAST: Rutz SUFFIX:

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 2180 Fm 465 APT / SUITE #: CITY: Seguin STATE: Tx ZIP CODE: 78155

8 CAMPAIGN TREASURER PHONE

AREA CODE: (210) PHONE NUMBER: 275-4196 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  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 11 / 05 / 2021 THROUGH Month Day Year: 12 / 31 / 2021

11 ELECTION

ELECTION DATE: Month Day Year: 03 / 01 / 2022 ELECTION TYPE:  Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 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  
 GENERAL  
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

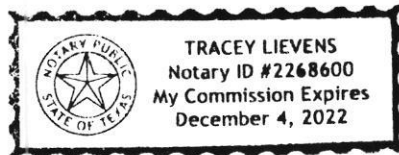
15 C/OH NAME		Stephan Germann	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	675.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	12714.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	125.00
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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Stephen Germann this the 13<sup>th</sup> day of January.

20 22, to certify which, witness my hand and seal of office.

Tracey Lievens Tracey Lievens Notary Public/RB  
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**

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

19 FILER NAME

*Stephen Germain*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 675.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 650.00
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 12084.86
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2</b>
2 FILER NAME <b>Stephen Germann</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12-3-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jean Katz</b>	7 Amount of contribution (\$)  <b>50.00</b>
	6 Contributor address; City; State; Zip Code <b>2180 FM 465 Marissa TX 78124</b>	
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>12-3-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Larry Boutwell</b>	Amount of contribution (\$)  <b>50.00</b>
Contributor address; City; State; Zip Code <b>4013 Oak CT Schertz TX 78108</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>12-14-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Nita Bode</b>	Amount of contribution (\$)  <b>50.00</b>
Contributor address; City; State; Zip Code <b>4473 Harvest Bend Marissa TX 78124</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>12-15-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dr. Donovan Butler</b>	Amount of contribution (\$)  <b>100.00</b>
Contributor address; City; State; Zip Code <b>210 Scenic Hill Cibola TX 78108</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)

REC'D JAN 13 2022

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME

Stephen Germain

3 Filer ID (Ethics Commission Filers)

4 Date

12-16-21

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Valerie Hartman

7 Amount of contribution (\$)

75.00

6 Contributor address;

City;

State;

Zip Code

621 Bentnager St Seguin TX 78153

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

12-16-21

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Kim Schlicting

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

7388 Linna Rd Seguin TX 78153

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-18-21

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Joy St...

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

9167 Fm 775 LaVaca TX 78121

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# 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                        | 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Stephen German</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>12-30-2021</i>	<b>5</b> Payee name <i>Direct Tx</i>	
<b>6</b> Amount (\$) <i>650.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>P.O Box 312100 New Braunfels Tx 78131</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>	<b>(b)</b> Description <i>Printing Post cards</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

REC'D JAN 13 2022

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

REC'D JAN 13 2022

**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                        | 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 G: 6		2 FILER NAME Stephen German		3 Filer ID (Ethics Commission Filers)	
4 Date Nov 5, 21		5 Payee name Office Depot			
6 Amount (\$) <del>20.00</del> 21.65 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: 1500 E Court		City: Seguin	State: Tx Zip Code: 78155
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing		(b) Description Business Cards		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Stephen German		Office sought County Comm	Office held
Date Nov 11, 21		Payee name Office Depot			
Amount (\$) 10.80 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: 1500 E Court		City: Seguin	State: Tx Zip Code: 78155
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description Map Printing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Stephen German		Office sought County Comm.	Office held
Date Nov 11, 21		Payee name UPS Store			
Amount (\$) 7.45 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: 502 Highway 123 Byp		City: Seguin	State: Tx Zip Code: 78155
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description Copies of Maps		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Stephen German		Office sought County Comm	Office held

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# 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.

<b>1</b> Total pages Schedule G: 6		<b>2</b> FILER NAME Stephen Germanu		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date Nov 15, 21		<b>5</b> Payee name Guadalupe County, Rep. Party			
<b>6</b> Amount (\$) 750.00 <input type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address: 515 E. Court		City: Seguin	State: TX
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description Filing Fee		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate/ Officeholder name Stephen Germanu		Office sought County Comm	Office held
<b>Date</b> Nov. 13, 21		<b>Payee name</b> New Berlin Fire			
<b>Amount (\$)</b> 75.00 <input type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address:</b> 8730 Fm 775		City: Seguin	State: TX
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Donation		<b>Description</b> Donation		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate/ Officeholder name <del>Stephen Germanu</del>		Office sought County Comm	Office held
<b>Date</b> Nov 18, 21		<b>Payee name</b> Pecan Classic			
<b>Amount (\$)</b> 50.00 <input type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address:</b> 1005 W. Fm 78		City: Merion	State: TX
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Donation		<b>Description</b> Donation		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate/ Officeholder name Stephen Germanu		Office sought County Comm	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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: 6		2 FILER NAME Stephen Germain		3 Filer ID (Ethics Commission Filers)	
4 Date 11-18-21		5 Payee name Just Smile Photography			
6 Amount (\$) 200.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; 311 Schwab Rd		City; Merion.	State; Zip Code TX 78124
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Photography		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 11-30-21		Candidate / Officeholder name Stephen Germain		Office sought / Office held County Comm	
Amount (\$) 300.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee name Noble group		Payee address; 203 S. Main St	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description Hall rent for meet & greet	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH					
Date Nov 30, 21		Candidate / Officeholder name Stephen Germain		Office sought / Office held County Comm	
Amount (\$) 3892.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee name Direct Texas		Payee address; 1260 S. Business 1435	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description Signs	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name Stephen Germain		Office sought / Office held County Comm	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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.

<b>1</b> Total pages Schedule G: 6		<b>2</b> FILER NAME Stephen Germann		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12-5-21		<b>5</b> Payee name Guadalupe ICA			
<b>6</b> Amount (\$) 64.00 <input type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; P.O. Box 1188		City; Lockhart	State; Zip Code TX 78694-1188
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Donation		<b>(b)</b> Description Donation		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name: Stephen Germann      Office sought: County Comm      Office held:					
Date 12-9-21	Payee name New Berlin Community Club				
Amount (\$) 175.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 8815 FM 775		City; Seguin	State; TX	Zip Code 78155
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Hall Rent Meet & Greet		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name: Stephen Germann      Office sought: County Comm      Office held:					
Date 12-9-21	Payee name Republican Women Guadalupe County Republican				
Amount (\$) 20.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; P.O. 176		City; Seguin	State; TX	Zip Code 78156
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		Description Donation		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name: Stephen Germann      Office sought: County Comm      Office held:					

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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.

<b>1</b> Total pages Schedule G: 6		<b>2</b> FILER NAME Stephen Germann		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12-9-21		<b>5</b> Payee name Office Depot			
<b>6</b> Amount (\$) 422.57 <input type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; 1500 E. Court		City; Seguin	State; TX Zip Code 78155
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing		<b>(b)</b> Description Business cards		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Stephen Germann		Office sought County Comm	Office held
<b>Date</b> 12-13-21		<b>Payee name</b> Seguin Print Shop			
<b>Amount (\$)</b> 160.38 <input type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address;</b> 410 E. Court		City; Seguin	State; TX Zip Code 78155
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising		<b>Description</b> Vehicle Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Stephen Germann		Office sought County Comm	Office held
<b>Date</b> 12-13-21		<b>Payee name</b> Seguin Gazette			
<b>Amount (\$)</b> 125.00 <input type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address;</b> P.O 1200		City; Seguin	State; TX Zip Code 78155
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising		<b>Description</b> Political Ad in Paper		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Stephen Germann		Office sought County Comm	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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	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.

<b>1</b> Total pages Schedule G: 6	<b>2</b> FILER NAME Stephen German	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12-15-21	<b>5</b> Payee name Direct Texas	
<b>6</b> Amount (\$) 5052.00 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1280 S. Business 11735 New Braunfels TX 78130	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Mailers
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/ Officeholder name Stephen German	Office sought County Comm
Date 12-30-21	Payee name Direct Texas	
Amount (\$) 1050.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1280 S. Business 11735 New Braunfels TX 78130	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/ Officeholder name Stephen German	Office sought County Comm
Date 12-30-21	Payee name Marion Library	
Amount (\$) 30.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 207 S. Center Marion TX 78129	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation for Meet & Greet
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/ Officeholder name Stephen German	Office sought County Comm

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