

# 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	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST Steven                      MI	<b>OFFICE USE ONLY</b>  Date Received <span style="font-size: 2em; color: red;">10/4/2024</span>  <span style="font-size: 2em; color: red;">Roan</span>  Date Hand-delivered or Date Postmarked  Receipt #                      Amount \$  Date Processed  Date Imaged		
	NICKNAME                      LAST Villela                      SUFFIX			
ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  P.O. Box 10721 Midland, TX 79702  <input type="checkbox"/> Change of Address				
AREA CODE                      PHONE NUMBER                      EXTENSION  ( 432 )                      ██████████				
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST Steven                      MI	Date Hand-delivered or Date Postmarked		
	NICKNAME                      LAST Villela                      SUFFIX			
RECEIPT #                      AMOUNT \$	Date Processed			
Date Imaged				
<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE  ██████████ Midland TX 79701			
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION  ( 432 )                      235-4792			
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)			
<b>10</b> PERIOD COVERED	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year 7 / 1 / 2024                      THROUGH                      9 / 26 / 2024			
<b>11</b> ELECTION	ELECTION DATE Month                      Day                      Year 11 / 5 / 2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) <b>Midland County Commissioner Precinct 3</b>		
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> 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.			
	<input type="checkbox"/> GENERAL	COMMITTEE NAME		
	<input type="checkbox"/> SPECIFIC	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 <i>Steven Villela</i>		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)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>24,250</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>1,545.84</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>6,320.72</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>30,554.77</i>
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.

*Steven Villela*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Steven Villela* this the *October* day of *2nd*, 20*24*, to certify which, witness my hand and seal of office  
*Beth Shock* *Beth Shock* *Notary*  
 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

<b>19 FILER NAME</b>  Steven Villela		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 21,250
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 5,730.73
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		\$ 52
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 239.86

# 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: 1-3
2 FILER NAME <b>Steven Villela</b>		3 Filer ID (Ethics Commission Filers)
4 Date  7/16/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Grosse</b> <hr/> 6 Contributor address; City; State; Zip Code [REDACTED] Midland TX 79701	7 Amount of contribution (\$)  1,000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  7/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jose Cuevas Jr.</b> <hr/> Contributor address; City; State; Zip Code [REDACTED] Midland TX 79710	Amount of contribution (\$)  5,000
Principal occupation / Job title (See Instructions) <b>President</b>		Employer (See Instructions) <b>Jumburito Inc.</b>
Date  7/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Douglas Scharbauer</b> <hr/> Contributor address; City; State; Zip Code [REDACTED] Midland TX 79701	Amount of contribution (\$)  3,300
Principal occupation / Job title (See Instructions) <b>Self-Employed</b>		Employer (See Instructions) <b>Self-Employed</b>
Date  7/30/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ally Bowling</b> <hr/> Contributor address; City; State; Zip Code [REDACTED] Odessa TX 79762	Amount of contribution (\$)  200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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: 2-3
2 FILER NAME <b>Steven Villela</b>		3 Filer ID (Ethics Commission Filers)
4 Date  8/12/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Bowers</b> <hr/> 6 Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79701	7 Amount of contribution (\$)  300
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  9/4/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gary Covington</b> <hr/> Contributor address; City; State; Zip Code [REDACTED] Midland TX 79701	Amount of contribution (\$)  10,000
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date  9/9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rhonda J. Lacy</b> <hr/> Contributor address; City; State; Zip Code [REDACTED], Midland TX 7905	Amount of contribution (\$)  250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  9/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pink Elephant Committee</b> <hr/> Contributor address; City; State; Zip Code [REDACTED] Midland Tx 79706	Amount of contribution (\$)  1,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 3-3
<b>2</b> FILER NAME <b>Steven Villela</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  9/13/24	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;"><b>Will &amp; Denise Porter</b></p> <hr style="border-top: 1px dotted black;"/> <b>6</b> Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; margin: 5px auto;"></div>	<b>7</b> Amount of contribution (\$)  200
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b>  9/25/24	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <p style="text-align: center;"><b>Candidate Resource Committee</b></p> <hr style="border-top: 1px dotted black;"/> <b>Contributor address; City; State; Zip Code</b> <p style="text-align: center;"><b>807 Brazos St. Austin TX 78701</b></p>	<b>Amount of contribution (\$)</b>  3,000
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr style="border-top: 1px dotted black;"/> <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr style="border-top: 1px dotted black;"/> <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

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

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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: 1-5	<b>2</b> FILER NAME <b>Steven Villela</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/1/24	<b>5</b> Payee name <b>Canva</b>	
<b>6</b> Amount (\$) 14.99	<b>7</b> Payee address; <b>E. 6th St., Austin TX 78701</b> City; State; Zip Code	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Designs</b>
	<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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 7/1/24	Payee name <b>I-360 LLC</b>	
Amount (\$) 225	Payee address; <b>2300 Clarendon Blvd Arlington VA 22201</b> City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Political Expense</b>	Description <b>Canvassing App</b>
	<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 7/1/24	Payee name <b>Making an Impact Inc.</b>	
Amount (\$) 250	Payee address; <b>P.O. Box 7035 Midland, TX 79708</b> City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contribution/Donation</b>	Description <b>Juneteenth Donation</b>
	<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

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

# 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: 2-5	<b>2</b> FILER NAME <b>Steven Villela</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 7/5/24	<b>5</b> Payee name <b>Uprinting</b>	
<b>6</b> Amount (\$) 321.19	<b>7</b> Payee address; City; State; Zip Code <b>8000 Haskell Ave. Van Nuys Ca 91406</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Stickers</b>
	<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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held

Date 7/15/24	Payee name <b>The Rocket Science Group, LLC</b>	
Amount (\$) 79.95	Payee address; City; State; Zip Code <b>675 Ponce De Leon Ave. NE Atlanta GA 30308</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Email Service</b>
	<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 7/25/24	Payee name <b>Vistaprint</b>	
Amount (\$) 468.70	Payee address; City; State; Zip Code <b>275 Wyman St., Waltham MA 02451</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Palm Cards</b>
	<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

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

# 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: 3-5	<b>2</b> FILER NAME Steven Villela	<b>3</b> Filer ID (Ethics Commission Filers)
--	------------------------------------	--

<b>4</b> Date 7/30/24	<b>5</b> Payee name Canva
--------------------------	------------------------------

<b>6</b> Amount (\$) 14.99	<b>7</b> Payee address; E. 6th St., Austin TX 78701	City;	State;	Zip Code
-------------------------------	--	-------	--------	----------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Graphics
	<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 7/30/24	Payee name I-360 LLC
-----------------	-------------------------

Amount (\$) 225	Payee address; 2300 Clarendon Blvd., Arlington VA 22201	City;	State;	Zip Code
--------------------	--	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Political Expense	Description Canvassing app
	<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 8/12/24	Payee name Cheap Signs
-----------------	---------------------------

Amount (\$) 2,330.33	Payee address; 9200 Waterford Centre Blvd., Austin TX 78758	City;	State;	Zip Code
-------------------------	--	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard Signs and 4x8
	<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
--	-------------------------------	---------------	-------------

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

# 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: 4-5	<b>2</b> FILER NAME <b>Steven Villela</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 8/13/24	<b>5</b> Payee name <b>Cheap Signs</b>	
<b>6</b> Amount (\$) 224.01	<b>7</b> Payee address; City; State; Zip Code <b>9200 Waterford Centre Blvd., Austin TX 78758</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Yard Signs and 4x8</b>
	<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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 8/15/24	Payee name <b>The Rocket Science Group LLC</b>	
Amount (\$) 79.95	Payee address; City; State; Zip Code <b>675 Ponce De Leon Ave NE., Atlanta GA, 30308</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Email Service</b>
	<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 8/30/24	Payee name <b>Canva</b>	
Amount (\$) 14.99	Payee address; City; State; Zip Code <b>E. 6th St., Austin TX 78701</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Graphics</b>
	<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

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

# 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: 5-5	<b>2</b> FILER NAME Steven Villela	<b>3</b> Filer ID (Ethics Commission Filers)
--	------------------------------------	--

<b>4</b> Date 8/30/24	<b>5</b> Payee name I-360 LLC
--------------------------	----------------------------------

<b>6</b> Amount (\$) 225	<b>7</b> Payee address; 2300 Clarendon Blvd., Arlington VA 22201	City;	State;	Zip Code
-----------------------------	---	-------	--------	----------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Political Expense</b>	<b>(b)</b> Description <b>Canvasing App</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 9/12/24	Payee name Wix.com
-----------------	-----------------------

Amount (\$) 220.83	Payee address; 100 Gansevoort St., New York NY 10014	City;	State;	Zip Code
-----------------------	---	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertisment Expense</b>	Description <b>Website</b>
	<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 9/16/24	Payee name The Rocket Science Group LLC
-----------------	--

Amount (\$) 79.95	Payee address; 675 Ponce De Leon Ave NE., Atlanta GA 30308	City;	State;	Zip Code
----------------------	---	-------	--------	----------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Email Service</b>
	<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
--	-------------------------------	---------------	-------------

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

# 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: <b>1-1</b>
2 FILER NAME <b>Steven Villela</b>		3 Filer ID (Ethics Commission Filers)
4 Date  <b>8/19/24</b>	5 Name of person from whom amount is received  <b>Cheap Signs</b>	8 Amount (\$)  <b>30.96</b>
	6 Address of person from whom amount is received; City; State; Zip Code  <b>9200 Waterford Centre Blvd., Austin TX 78758</b>	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer  <b>Delivery fee removed</b>		
Date  <b>8/19/24</b>	Name of person from whom amount is received  <b>Cheap Signs</b>	Amount (\$)  <b>179.93</b>
	Address of person from whom amount is received; City; State; Zip Code  <b>9200 Waterford Centre Blvd., Austin TX 78758</b>	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer  <b>Delivery fee removed</b>		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> 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; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> 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; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

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