JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The JC/OH Instruction Guide explains how to complete this form. MS / MRS / MR MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** D_r Steven NAME Date Received NICKNAME SUFFIX RECEIVED 4 CANDIDATE / ADDRESS / PO BOX; ZIP CODE OFFICEHOLDER 1706 Harvard Ave BigSpring MAII ING **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (432)352-8315 PHONE Receipt # Amount \$ MS / MRS / MR CAMPAIGN Edward TREASURER Date Processed NAME NICKNAME Date Imaged Modighon STREET ADDRESS (NO PO BOX PLEASE); APT 7 CAMPAIGN STATE: ZIP CODE TREASURER 1607 THORPEST Big Spring TX 79720 **ADDRESS** (Residence or Business) AREA CODE CAMPAIGN PHONE NUMBER EXTENSION **TREASURER** PHONE (432) 816-7252 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Day Year Year COVERED THROUGH **ELECTION DATE** ELECTION TYPE 11 ELECTION Runoff Other Month Day Description Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

Forms provided by Texas Ethics Commission

FORM JC/OH **COVER SHEET PG 2**

15 JC/OH NAME	Steven C Hobbs	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 2005 \$ \$2005
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$ 2001
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I OF REPORTING PERIOD	PAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	* Ø
18 SIGNATURE I SV	wear, or affirm, under penalty of perjury, that the accompanying report is true ar	nd correct and includes all information
The source of the second control of the seco	uired to be reported by me under Title 15, Election Code.	
	Sla	
	Signature of Candi	idate/Officeholder
	Constitution of our of	adder of mornoladi
	Please complete either option below:	
	The state of the s	
(4) A SSider it		
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the	, day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
THE RESIDENCE OF	OR	
(2) Unsworn Declarati	on	-
My name is	n Hebbs, and my date of birth is	12/17/1981
My address is	n Hobbs, and my date of birth is C Hervard, Big Spring, TV	-, 79720, USA
		(zip code) (country)
Executed in House	County, State of Texas , on the 30 day of June	20 27 .
	(month)	(year)
	Signature of Chadistre	(Officeholder (Dealerson))
	Signature of Candidate	e/Officeholder (Declarant)
Forms provided by Texas Et	hics Commission www.ethics.state.tx.us	Revised 11/4/2020

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER N		20 Filer ID (Ethics Co	mmission Filers)
		Dr Steven Hobbs		
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	\boxtimes	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2005
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	\boxtimes	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ 622.41
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 622.41
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 300.00
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

360.00

SCHEDULE A(J)1

The instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
2 FILER NAME	<u> </u>
Dr Steven Hobbs	3 Filer ID (Ethics Commission Filers)
	7 Amount of contribution (\$)
4 Date 5 Full name of contributor out-of-state PAC 1D#: Stephen Turner 1/31/22 6 Contributor address; City: State: Zip Code 79720 1403 Ayles ford Big Spring Ty 8 Contributor's principal occupation 9 Contributor's job tit	# 100°
8 Contributor's principal occupation 9 Contributor's job titi	ie
10 Contributor's employer/law firm 11 Law firm of contribution	utor's spouse (if any)
NA NA	
12 If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor out-of-state PAC ID#:	Amount of contribution (\$)
1/31/22 MAriann Williams Contributor address; City; State: Zip Code 206 Circle Dr Big Spring TX 79720	2500
Contributor's principal occupation Contributor's job titl	e
Contributor's employer/law firm	
NA NA	tor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
NA	
Date Full name of contributor out-of-state PAC IDS: Ed Moughon Contributor address; City; State: Zip Code 1607 THorpe ST Bis Sociols TX 79720	Amount of contribution (\$)
Contributor's principal occupation Contributor's job title	3
Contributor's employer/law firm	
Law into a commun	tor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
NA.	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

SCHEDULE A(J)1

The instruction Guide explains how to complete this	form.	jes Schadule A(J)1:
Dr Seven Hobbs	3. Filer ID	(Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAG	ID#: 7 Amount	of contribution (\$)
2/7/22 6 contributor address; City;	State; Zip Code 50	000
8 Contributor's principal occupation Big Spri	9 Contributors lob title	·
Ketired	\A	
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (If a	inv)
<i>WA</i>	NA	
12 If contributor is a child, law firm of parent(s) (if any)		······································
<u>NA</u>		
Date Full name of contributor out-of-state PAG	ID#: Amount	of contribution (\$)
2/7/22 Suz Anne Markwi	State; Zip Code	> **
- Bis Spring	TY 79720	
	Contributor's job title	
Retired	L NA	
Contributor's employer/law firm	Law firm of contributor's spouse (if a	ny)
If contributor is a child, law firm of parent(s) (if any)	NA	
if contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor ☐ out-of-state PAC	ID#: Amount of	of contribution (\$)
2/7/22 Priscilla Corbet contributor address; City; 400 E 16th ST Big Spring		00
Contributor's principal occupation	Contributor's job title	- ,
Retired	NA	
Contributor's employer/law firm	Law firm of contributor's spouse (if a	nv)
NA	NA	,
If contributor is a child, law firm of parent(s) (if any)		····
NA		
ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see instr	PF THIS SCHEDULE AS NEEDED action guide for additional reporting requ	ulrements.

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A(J)1:
Dr Steven Hobbs	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC IDS: GLOCIA BAINES A 17/22 6 Contributor address; City; State; Zip Code 306 Circle Dr Big Spring Ty	7 Amount of contribution (\$)
Referred Sontributor's John NA	title
10 Contributor's employer/law firm NA 11 Law firm of contributor's employer/law firm	libutor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any) NA	
Date Full name of contributor out-of-state PAC (D#: Howard Baines Contributor address; City; State; Zip Code 306 Carrole Dr. Richard TV 797726	Amount of contribution (\$)
Gontributor's principal occupation Gontributor's principal occupation Gontributor's job	<u>/ </u>
Refired	title
Contributaria annula anti-	butor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	
Date Full name of contributor	Amount of contribution (\$)
3/7/22 Contributor address; City; State: Zip Code 808 W 17th ST Big Spring TY 79720	50000
Contributor's principal occupation Refired AA	
Contributor's employer/law firm NA Law firm of contrib NA NA	butor's spouse (if any)
If contributor is a child, law firm of parent(s) (If any).	

SCHEDULE A(J)1

			The page 1	The report.
<u>,</u>	The instruction Guide explains ho	w to complete this	form,	1 Total pages Schedule A(J)1:
2 FILER NAME			· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
	Steven Hobb	05		·
4 Date	5 Full name of contributor	out-of-state PAC	ID#:	7 Amount of contribution (\$)
	Stephen 7	Turner	<u> </u>	
3/7/22	Stephen 6 Contributor address:	City:	State; Zlp Code	50 =
	1403 Aulestord	Big Spri	ms TX 79720	
8 Contributor's	principal occupation		9 Contributor's job title	
	<u> Ketired </u>		NA	
10 Contributor's	employer/law firm NA		11 Law firm of contributor	's spouse (if any)
12 If contributor i	s a child, law firm of parent(s) (if a	anu)	NA	
	NA	u.y)		
Date	Full name of contributor	Out-of-state PAC	D#:	Amount of contribution (\$)
s .	Tim Sli	605		
3/7/22	Contributor address:	Gity:	State: Zip Code	100-00
1 - 1				700
Contributor's p	3615 DIXOD	- 815 OF 1	Contributor's inh title	
Acco	UNTANT		Account	4nT
	employer/law firm		Law firm of contributors	
	NA		NA	,
if contributor is	s a child, law firm of parent(s) (if a	ny)		
	NA			
Date	Full name of contributor	Out-of-state PAC II	D#:	Amount of contribution (\$)
أممامما	Edward 1	Mousho	in	. n6
Shurr	Ed wArd Contributor address;	city;	State: Zip Code	2 S —
Contributor's p	rincipal occupation	1	Contributor's job title	
	Retired		N4	
Contributor's e	mployer/law firm		Law firm of contributor's	spouse (if any)
li contributa- t-	<u>NA</u>		NA	
H CONTRIBUTER IS	a child, law firm of parent(s) (if ar	JA)		
	NA			
	ATTACH ADDITIC	ONAL COPIES OF	F THIS SCHEDULE AS N	EEDED
lf :	contributor is out-of-state PAC,	please see Instru	ction guide for additional r	eporting regulrements.

SCHEDULE A(J)1

i	The Instruction Guide explains he	ow to complete this	farm	1 Total pages Schedule A(J)1:
		aw to complete mis i	orm.	18
2 FILERNAME	Steven	Hobbs		3 Filer ID (Ethics Commission Filers)
4. Date	5 Full name of contributor	Out-of-state PAC	ID#;	7 Amount of contribution (\$)
3/19/22	SUZANNE 6 Contributor address;			2000
-		345pring	7× 79720	
8 Contributors p	principal occupation		1	
10 Contributor's e	Retired		NA	- IR-WIA
W Commence 5	N A	!	11 Law firm of contributor's	s spouse (if any)
12 if contributor is	s a child, law firm of parent(s) (if	any)	////	
	NA			
Date	Full name of contributor	Out-of-state PAC II	ID#:	Amount of contribution (\$)
3/19/22	Becky Wo	oughon	Chata Times	4000
ر المراجعة والمائمة - الم	1607 THorpe ST	BigSprn	ng TX 79720	<u> </u>
	etired		Contributor's job title	
	employer/law firm NA		Law firm of contributor's	s spouse (if any)
If contributor is	s a child, law firm of parent(s) (if	any)		
	NA			
Date	Full name of contributor	Out-of-state PAC II	D#:	Amount of contribution (\$)
3/19/12	Contributor address; 1403 Ayles ford included occupation	P1+	State: Zip Code	10000
Contributor's p	rincipal occupation		Contributor's Job title	
	<u>Ketired</u>		NA	
	mployer/law firm N A		Law firm of contributor's	a spouse (if any)
If contributor is	a child, law firm of parent(s) (if a	any)		μ
	NA.			
lf-	ATTACH ADDIT	IONAL COPIES O	F THIS SCHEDULE AS NE	EEDED

SCHEDULE A(J)1

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

· · · · · · · · · · · · · · · · · · ·				
	he instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:	
	Steven Hobbs		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	ID#:)	7 Amount of contribution (\$)	
3/21/22	Ecl VINSON 6 Contributor address; City;	State; Zip Code	50 º º	
· · · · · · · · · · · · · · · · · · ·	1708 374hst Snyper	TX 79549		
8 Contributor's p	Reficed	9 Contributors job title		
10 Contributor's e		11 Law firm of contributor's	s spouse (if any)	
12 If contributor is	a child, law firm of parent(s) (if any)	NA		
	NA			
Date	Full name of contributor	ID#;	Amount of contribution (\$)	
3/19/22	Lisa Frany Contributor address; City	State; Zip Code	25 00	
Contributor's p	rincipal occupation	TX 79720 Contributor's job title		
	Saal worker	V. 4 Social		
Outling (of a E	Ø A	Law firm of contributor's spouse (if any).		
if contributor is	a child, law firm of parent(s) (if any)	NA		
	NA			
Date	Full name of contributor	-	Amount of contribution (\$)	
3/21/22	Contributor address; City; 1403 Aylestard BisSarinchial occupation	State: Zip Code 79720	50°°	
Contributor's p	rincipal occupation Retired		1	
	mployer/law firm	/U /A		
·		Law firm of contributor's spouse (If any)		
If contributor is	a child, law firm of parent(s) (if any)			
	NA			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED	

ut-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A(J)1

The instruction Guide explains how to complete this	form. 1 Total pages Schedule A(J)1:
2 FILER NAME	
Dr Steven Hobbs	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC	10#: 7 Amount of contribution (\$)
4/25/22 6 Contributor address; City;	State: Zip Code 20
BigSpring	7 79 720 9 Contributor's job title
8 Contributor's principal occupation	9 Contributor's job title
Rotined	NA
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)
NA 12 If contributor to a child the	NA
12 If contributor is a child, law firm of parent(s) (if any)	- · · · · · · · · · · · · · · · · · · ·
NA NA	
Date Full name of contributor out-of-state PAC	ID#:
Steven Thrne Steven Thrne Steven Thrne Contributor address; City; Contributor's principal occupation	State; Zip Gode
Contributor's principal occupation	Contributor's job title
Ketired	NA
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
<i>NA</i>	NA
If contributor is a child, law firm of parent(s) (if any)	
NA	
Date Full name of contributor out-of-state PAC	ID#:
6/4/22 Contributor address; City: 6556 43 Rd 57 Lubbock	
Communicia hunchar occubation	Contributor's job title
Retired	NA
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	7077
NA	
ATTACH ADDITIONAL COPIES C if contributor is out-of-state PAC, please see instru	OF THIS SCHEDULE AS NEEDED uction guide for additional reporting requirements.

SCHEDULE A(J)1

The instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
2 FILER NAME	<u></u>	3 Filer ID (Ethics Commission Filers)
Dr Steven Hobbs	÷.	
4 Date 5 Full name of contributorout-of-state PAC	 	7 Amount of contribution (\$)
D. Joseph P. C. 13	^{D#} :	γ Millorate of contribution (Φ)
6/4/22 Roder New 6 Contributor address; City;	******************	6 F
Contributor address; City;	State: Zip Code	100000
1208 E 17th Big Sprim 8 Contributor's principal occupation	CTX 79720	•
8 Contributor's principal occupation	9 Contributor's job title	
Retired	NA	
10 Contributor's employer/law firm	11 Law firm of contributor	s spouse (if any)
NA	NA	
12 If contributor is a child, law firm of parent(s) (if any)	<u></u>	
NA		
Date Full name of contributor ☐ out-of-state PAC II	Date:	Amount of contribution (\$)
		Supposition deligination (A)
6/27/22 Priscilla Co!	be It	- 3
Contributor address: City;	State; Zip Code	300 **
Gontributor's principal occupation	7× 79720	
	Contributor's job title	-
<u>Ketineol</u>	NA	
Contributor's employer/law firm	Law firm of contributors	s spouse (if anv)
M A- If contributor is a child, law firm of parent(s) (if any)	NA	- Append - Dr
If contributor is a child, law firm of parent(s) (if any)	<u>·</u>	
NA		
Date Full name of contributor ☐ out-of-state PAC IE	D#:	Amount of contribution (\$)
		Physical Discontinuous (p)
Marian Company Commence of the	(***)(**),;;;;;	
Contributor address; City;	State: Zip Code	
Contributor's principal occupation	Contributor's job title	·····
Contributor's employer/law firm	Law firm of contributor's	s spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NI	EEDED:
If contributor is out-of-state PAC, please see Instru	ction guide for additional r	eporting 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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salarias/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Office (enter a category not listed above)		
CHOOK ONG! WYTHON		The Instruction Guide expl	ains how to c	omplete this form.		
Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Ethic	s Commission Filers)
1 Date	5 Payeen	ame			<u> </u>	
5 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
PURPOSE.	(a) Catego	ry. (See Categories listed at the top of I	this schedule)	(b) Description		
EXPENDITURE						
	(c)	Check if travel outside of Texas. Comptel	te Schedule T.	Check if Aus	iln, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeñolder name		Office sought		Office held
Date	Payeeina	ame ·				
Amount (\$)	Payee a	ddress;		City;	State:	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of th	is schedule)	Description		
		Check if travel outside of Texas. Complet	e Schedule T,	Check if Ausi	tin, TX; officeholder living	J expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zíp Code
PURPOSE OF EXPENDITURE	Category	y (See Categories listed at the top of th	is schedule)	Description		
	Check if travel outside of Texas, Complete Schedule T,		Check if Austin, TX; officeholder living expens		expense	
Complete ONLY if direct		late / Officeholder name		Office sought		Office held