

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: 9		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST James	MI G	OFFICE USE ONLY Date Received RECEIVED APR 03 2025 <i>Sh. Aldrich</i>		
	NICKNAME Greg	LAST Redden	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2210 Southwood Hills Dr., Taylor, TX 76574					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 663-9713	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Stacy	MI			
	NICKNAME	LAST Stork	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 1903 Meadow Ln., Taylor, TX 76574				STATE: ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 633-1267	EXTENSION			
9 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)		
10 PERIOD COVERED	Month 1	Day 15	Year / 25	Month 3	Day / 24	Year / 25
11 ELECTION	ELECTION DATE Month 5	Day / 3	Year / 25	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) City Council District 1		
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 <input type="checkbox"/> GENERAL	COMMITTEE NAME				
		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 James Greg Redden	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) \$ 1,059.00 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 4,259.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 4. TOTAL POLITICAL EXPENDITURES \$ 1,776.03
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2,482.97
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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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 administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
James Greg Redden	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,200.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,776.03
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: 3
2 FILER NAME James Greg Redden			3 Filer ID (Ethics Commission Filers)
4 Date 01/15/2025	5 Full name of contributor Greg Redden	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 500.00
	6 Contributor address; [REDACTED]	City; State; Zip Code Taylor, TX 76574	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
 Date 01/15/2025		Full name of contributor Jeff & Stacy Stork	out-of-state PAC (ID#: _____)
		Contributor address; [REDACTED]	City; State; Zip Code Taylor, TX 76574
 Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
 Date 01/17/2025		Full name of contributor Claude & Pam Roznovak	out-of-state PAC (ID#: _____)
		Contributor address; [REDACTED]	City; State; Zip Code Taylor, TX 76574
 Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
 Date 01/30/2025		Full name of contributor Cheryl Webster	out-of-state PAC (ID#: _____)
		Contributor address; [REDACTED]	City; State; Zip Code Taylor, TX 76574
 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**

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 3
2 FILER NAME James Greg Redden			3 Filer ID (Ethics Commission Filers)
4 Date 01/27/2025	5 Full name of contributor Hal Boone	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 350.00
	6 Contributor address; [REDACTED]	City; State; Zip Code Thrall, TX 76578	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 02/02/2025	Full name of contributor Ryan Stiba	out-of-state PAC (ID#:)	Amount of contribution (\$) 50.00
	Contributor address; [REDACTED]	City; State; Zip Code Taylor, TX 76574	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/01/2025	Full name of contributor Bill & Linda Hall	out-of-state PAC (ID#:)	Amount of contribution (\$) 250.00
	Contributor address; [REDACTED]	City; State; Zip Code Taylor, TX 76574	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 02/13/2025	Full name of contributor RCT Holdings LLC	out-of-state PAC (ID#:)	Amount of contribution (\$) 250.00
	Contributor address; [REDACTED]	City; State; Zip Code Pflugerville, TX 78660	
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

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 3
2 FILER NAME James Greg Redden			3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2025	5 Full name of contributor William Stoetzel	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 100.00
	6 Contributor address; [REDACTED]	City; State; Zip Code Round Rock, TX 78664	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date		Full name of contributor	out-of-state PAC (ID#:)
		Contributor address;	City; State; Zip Code
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
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
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME James Greg Redden	3 Filer ID (Ethics Commission Filers)	
4 Date 01/22/2025	5 Payee name Deluxe Checks-CNBT		
6 Amount (\$) 29.00	7 Payee address; 116 W. Third St., Taylor, TX 76574	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description account checkbooks	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 01/21/2025	Payee name Super Cheap Signs		
Amount (\$) 646.72	Payee address; 12800 Anderson Mill Rd., Bldg. D-1, Cedar Park, TX 78613	City;	State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs	
	Check if travel outside of Texas. Complete Schedule T. 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 01/27/2025	Payee name Venmo		
Amount (\$) 6.12	Payee address; 117 Barrow Street, New York, NY 10014.	City;	State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description online fee	
	Check if travel outside of Texas. Complete Schedule T. 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME James Greg Redden	3 Filer ID (Ethics Commission Filers)	
4 Date 01/31/2025	5 Payee name Taylor Sporting Goods		
6 Amount (\$) 113.66	7 Payee address; 307 N Main St., Taylor, TX 76574	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description T-Shirts	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 02/18/2025	Payee name Super Cheap Signs		
Amount (\$) 588.09	Payee address; 12800 Anderson Mill Rd., Bldg. D-1, Cedar Park, TX 78613	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs	
	Check if travel outside of Texas. Complete Schedule T.	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 02/28/2025	Payee name VistaPrint		
Amount (\$) 27.58	Payee address; 100 Hayden Avenue, Lexington, MA 02421	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Thank You cards	
	Check if travel outside of Texas. Complete Schedule T.	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
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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME James Greg Redden	3 Filer ID (Ethics Commission Filers)	
4 Date 03/03/2025	5 Payee name City of Taylor		
6 Amount (\$) 329.60	7 Payee address; 1412 Davis St., Taylor, TX 76574	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Park rental for meet & greet	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 03/15/2025	Payee name HEB		
Amount (\$) 29.20	Payee address; 5000 Gattis School Rd., Hutto, TX 78634	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Postage stamps	
	Check if travel outside of Texas. Complete Schedule T.	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 03/23/2025	Payee name Oriental Trading Co.		
Amount (\$) 6.06	Payee address; P.O. Box 2308, Omaha, NE 68103-2308	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Event giveaways (candy & toys)	
	Check if travel outside of Texas. Complete Schedule T.	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			