

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: 7	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr,	FIRST James	MI G	OFFICE USE ONLY		
	NICKNAME Greg	LAST Redden	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2210 Southwood Hills Dr., Taylor, TX 76574				Date Received	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 663-9713	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Stacy	MI	Receipt #	Amount \$	
	NICKNAME Stork	LAST	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 1903 Meadow Ln., Taylor, TX 76574				STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 633-1267	EXTENSION	Date Imaged		
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input checked="" 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 3	Day 25	Year 25	Month 4	Day 23	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 Description <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				
	<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 James Greg Redden		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 470.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,920.00
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ -123.34
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,043.34
	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

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My address is 2210 Southwood Hills Dr., Taylor, TX 76574 USA

(street)

(city

TX 76574 USA

USA

(con)

1

Executed in Williamson County, State of Texas on the 24 day of April 2025

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 James Greg Redden	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,450.00
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	\$ -123.34
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: 2
2 FILER NAME James Greg Redden			3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2025	5 Full name of contributor Pamela Lawhon	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 100.00
	6 Contributor address;	City; State; Zip Code [REDACTED] Taylor, TX 76574	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 04/07/2025	Full name of contributor Susan & Blaine Faykus	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
	Contributor address;	City; State; Zip Code [REDACTED] Taylor, TX 76574	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/10/2025	Full name of contributor Keith & Marsha Hagler	out-of-state PAC (ID#:)	Amount of contribution (\$) 250.00
	Contributor address;	City; State; Zip Code [REDACTED] Taylor, TX 76574	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 04/10/2025	Full name of contributor Jim Buzan Taylor ISD Trustee Campaign	out-of-state PAC (ID#:)	Amount of contribution (\$) 150.00
	Contributor address;	City; State; Zip Code [REDACTED] 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

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 James Greg Redden			3 Filer ID (Ethics Commission Filers)
4 Date 04/19/2025	5 Full name of contributor Stacy & Jeff Stork	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 200.00
	6 Contributor address; [REDACTED]	City; State; Zip Code Taylor, TX 76574	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 04/17/2025	Full name of contributor HBA Home PAC	out-of-state PAC (ID# _____)	Amount of contribution (\$) 250.00
Contributor address; [REDACTED]		City; State; Zip Code Austin, TX 78754	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID# _____)	Amount of contribution (\$)
	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# _____)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
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.			

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/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 F1: 2	2 FILER NAME James Greg Redden	3 Filer ID (Ethics Commission Filers)	
4 Date 04/01/2025	5 Payee name Taylor Chamber of Commerce		
6 Amount (\$) 25.00	7 Payee address; 1519 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) Event Expense	(b) Description Table @ Candidates Forum	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	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 04/09/2025	Payee name HEB		
Amount (\$) 42.91	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) Food/Beverage Expense	Description Meet & Greet	
	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 04/09/2025	Payee name City of Taylor		
Amount (\$) -200.00	Payee address; 1412 Davis St., Taylor, TX 76574	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description REFUND-Park rental for Meet & Greet	
	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
Accounting/Banking
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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 F1: 2	2 FILER NAME James Greg Redden	3 Filer ID (Ethics Commission Filers)	
4 Date 04/09/2025	5 Payee name Venmo		
6 Amount (\$) 8.75	7 Payee address; 117 Barrow St., New York, NY 10014	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description online fees	
	(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	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	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	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	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			