

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: <div style="font-size: 2em; text-align: center;">7</div>
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Stephane Carrent</div> <hr/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Roveb</div>	OFFICE USE ONLY Date Received <div style="font-size: 2em;">MTH</div> <div style="font-size: 2em;">4/24/25</div> Date Hand delivered or Date Postmarked <div style="font-size: 2em;">4/24/25</div> Receipt # Amount \$ Date Processed <div style="font-size: 2em;">4/24/25</div> Date Imaged <div style="font-size: 2em;">4/24/25</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">5709 Indian Hills Dr. Garland, Tx 75044</div>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(469) 223 9144</div>										
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST MI <div style="text-align: center; font-size: 1.2em;">Long</div> <hr/> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">Pham</div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 1.2em;">902 Singing Hills Dr. Garland, Tx 75044</div>										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(469) 835 7345</div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	Month Day Year Month Day Year <div style="font-size: 1.5em;">03 / 25 / 2025 THROUGH 04 / 23 / 2025</div>										
11 ELECTION	ELECTION DATE ELECTION TYPE <div style="display: flex;"> <div style="flex: 1;"> Month Day Year <div style="font-size: 1.2em;">05 / 03 / 2025</div> </div> <div style="flex: 2;"> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>										
12 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">GTSB Board Place 1</div>										
14 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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

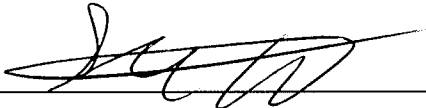
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 580
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1517.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,438.93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

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

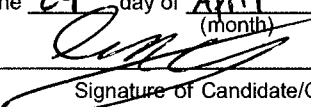
NOTARY STAMP / SEAL

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

My name is Stephane L. Rovels, and my date of birth is 07/07/1992.
My address is 5709 Twain Hills Dr., Garland, Tx, 75044, USA.
(street) (city) (state) (zip code) (country)
Executed in Dallas County, State of Texas, on the 24 day of April, 2025.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 580
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	1517.46
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 type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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 type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 Stéphane L. Parello		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Pham	7 Amount of contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code 3208 Lester Dr. Richardson TX 75082		
8 Principal occupation / Job title (See Instructions) Optometrist		9 Employer (See Instructions) Perception Eye Care
Date 3/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sulita Cao	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1021 Levent Lane Plano, TX, 75044		
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Perception Eye Care N/A
Date 3/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fabienne Hansen Hansen	Amount of contribution (\$) \$106.00
Contributor address; City; State; Zip Code 160 Tilton Ave San Mateo CA 94401		
Principal occupation / Job title (See Instructions) Student Manager		Employer (See Instructions) Stretch Lab
Date 3/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miguel Bustillos	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 5013 Peninsula Way Garland TX 75043		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
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 FILER NAME <i>Stéphane L Roueb</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/15/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ashley Parra</i> 6 Contributor address; City; State; Zip Code <i>3418 Cedar Ln Melissa TX 75454</i>	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions) <i>Director of Marketing</i>		9 Employer (See Instructions) <i>R3 Band Core and Hyperbarics</i>
Date <i>4/16/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Davier Lozano</i> Contributor address; City; State; Zip Code <i>1407 Main St Apt #1701 Dallas, TX 75202</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions) <i>Police Captain</i>		Employer (See Instructions) <i>Dallas College</i>
Date <i>4/16/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sharon Booth</i> Contributor address; City; State; Zip Code <i>5304 Flamingo Dr. Rowlett, TX 75089</i>	Amount of contribution (\$) <i>\$30.00</i>
Principal occupation / Job title (See Instructions) <i>retired</i>		Employer (See Instructions) <i>N/A</i>
Date	Full name of contributor <input type="checkbox"/> 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
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: <div style="font-size: 2em; margin-left: 40px;">2</div>	2 FILER NAME <div style="font-size: 1.2em; margin-left: 40px;">Stephane Rouels</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em; margin-left: 40px;">3/25/25</div>	5 Payee name <div style="font-size: 1.2em; margin-left: 40px;">Vistaprint</div>	
6 Amount (\$) <div style="font-size: 1.5em; margin-left: 40px;">\$416.09</div>	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em; margin-left: 40px;">95 Hayden Ave, Lexington, MA 02421</div>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.5em; margin-left: 40px;">Printing Expense</div>	
	(b) Description <div style="font-size: 1.5em; margin-left: 40px;">Door Hangers</div>	
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-left: 40px;"> Candidate / Officeholder name Office sought Office held </div>		

Date <div style="font-size: 1.2em; margin-left: 40px;">4/2/25</div>	Payee name <div style="font-size: 1.2em; margin-left: 40px;">Tractor Supply Co.</div>	
Amount (\$) <div style="font-size: 1.5em; margin-left: 40px;">\$63.70</div>	Payee address; City; State; Zip Code <div style="font-size: 1.2em; margin-left: 40px;">900 Westgate Way Wylie TX 75098</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.5em; margin-left: 40px;">Other</div>	
	Description <div style="font-size: 1.5em; margin-left: 40px;">t- posts for signs</div>	
	<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 <div style="display: flex; justify-content: space-between; margin-left: 40px;"> Candidate / Officeholder name Office sought Office held </div>		

Date <div style="font-size: 1.2em; margin-left: 40px;">4/2/25</div>	Payee name <div style="font-size: 1.2em; margin-left: 40px;">Precision Reprographics</div>	
Amount (\$) <div style="font-size: 1.5em; margin-left: 40px;">\$285.13</div>	Payee address; City; State; Zip Code <div style="font-size: 1.2em; margin-left: 40px;">3102 Benton St Garland TX 75044</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.5em; margin-left: 40px;">Printing Expense</div>	
	Description <div style="font-size: 1.5em; margin-left: 40px;">Signs</div>	
	<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 <div style="display: flex; justify-content: space-between; margin-left: 40px;"> Candidate / Officeholder name Office sought Office held </div>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

1 Total pages Schedule F1:		2 FILER NAME <u>Stephane Poreto</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4/18/25</u>		5 Payee name <u>Dallas County Election Department</u>			
6 Amount (\$) <u>\$41.00</u>		7 Payee address; City; State; Zip Code <u>1520 Row Table Dr., Dallas, TX 75247</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Other</u>		(b) Description <u>Canvassing info</u>		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>4/22/25</u>		Payee name <u>Rely Reach</u>			
Amount (\$) <u>\$649.50</u>		Payee address; City; State; Zip Code <u>1000 Main St Ste 2300G Houston, TX 77022</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>texting</u>		
	<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 <u>2/24/25</u>		Payee name <u>Paypal</u>			
Amount (\$) <u>\$22.04</u>		Payee address; City; State; Zip Code <u>2211 N 1st St, San Jose, CA 95131</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Banking</u>		Description <u>Fees</u>		
	<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					