

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 3											
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Stephen	MI T.											
	NICKNAME "Steve"	LAST Lyda	SUFFIX											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: 3128 Sheryl Dr.	APT / SUITE #: Flower Mound Tx	CITY, STATE, ZIP CODE 75022											
	<table border="1"> <tr> <th colspan="2">OFFICE USE ONLY</th> </tr> <tr> <td>Date Received</td> <td>8:08 AM APR 12 2012</td> </tr> <tr> <td>Date Hand-delivered or Postmarked</td> <td>Town of Flower Mound TOWN SECRETARY'S OFFICE</td> </tr> <tr> <td>Receipt #</td> <td>Amount</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table>			OFFICE USE ONLY		Date Received	8:08 AM APR 12 2012	Date Hand-delivered or Postmarked	Town of Flower Mound TOWN SECRETARY'S OFFICE	Receipt #	Amount	Date Processed		Date Imaged
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (972)	PHONE NUMBER 355-8346	EXTENSION											
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs	FIRST Amy	MI D											
	NICKNAME	LAST Kidd	SUFFIX											
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 3128 Sheryl Dr.	APT / SUITE #: Flower Mound Tx	CITY, STATE, ZIP CODE 75022											
8 CAMPAIGN TREASURER PHONE	AREA CODE (972)	PHONE NUMBER 355-8346	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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)													
10 PERIOD COVERED	Month Day Year 01 / 01 / 2012	THROUGH	Month Day Year 04 / 02 / 2012											
11 ELECTION	ELECTION DATE Month Day Year 05 / 12 / 2012		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special											
	12 OFFICE OFFICE HELD (if any) Town Council, Place 4		13 OFFICE SOUGHT (if known) Town Council, Place 4											
GOTO PAGE 2														

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME STEPHEN T. "STEVE" LYDA **15 ACCOUNT #** (Ethics Commission Filers)

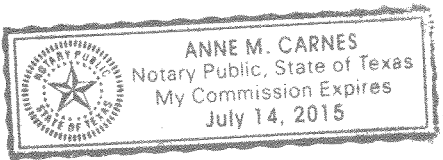
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1594
	4. TOTAL POLITICAL EXPENDITURES	\$ 536 ¹⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8444 ⁷⁷
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

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: [Signature]

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said STEPHEN LYDA, this the 12th day of April, 20 12, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature] Printed name of officer administering oath: ANNE M. CARNES Title of officer administering oath: ADMIN. ASSIST.

RECEIVED

POLITICAL EXPENDITURES

APR 12 2012 SCHEDULE F

OK, 8:08 AM

EXPENDITURE CATEGORIES FOR BOX 8(a)

Town of Flower Mound

Town Secretary's Office

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME STEPHEN T. "STEVE" LYDA	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 03/21/2012	5 Payee name Booker Industries
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6 Amount (\$) \$330¹²	7 Payee address; City; State; Zip Code 5415 Maple Ave, Sbc 230 Dallas, Tx 75235
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) Push Cards
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/01/2012	Payee name Print 360.com
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Amount (\$) \$189⁹⁹	Payee address; City; State; Zip Code 2369 S. Tretton Way, Unit C Denver, CO 80231
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Bumper Sticker
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED