

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>8</u>	OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr. JAMES GREG REDDEN</u>		MI <u>G</u>	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> Final report  Other (specify) _____	
5 ORIGINAL PERIOD COVERED	Month <u>3</u>	Day <u>25</u>	Year <u>25</u>	Month <u>4</u>	Day <u>23</u>	Year <u>25</u>
6 EXPLANATION OF CORRECTION <u>The Contribution Balance #5 of Sec. 17 did not include the balance carried over from the last report.</u>						
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.  Check ONLY if applicable:						
<input type="checkbox"/> Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.  <input checked="" type="checkbox"/> Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.						
<u>Signature of Candidate/Officeholder</u>						
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 <u>JAMES GREG REDDEN</u> , and my date of birth is <span style="background-color: black; color: black;">[REDACTED]</span> My address is <u>2210 Southwood Hills, DR TAYLOR TX 76571 USA</u> (street) <span style="float: right;">(city) <span style="float: right;">(state) <span style="float: right;">(zip code) <span style="float: right;">(country)</span></span></span></span>						
Executed in <u>WILLIAMSON</u> County, State of <u>TEXAS</u> , on the <u>28</u> day of <u>APRIL</u> , 20 <u>25</u> . <span style="float: right;"><u>EE</u></span>						
Signature of Candidate/Officeholder (Declarant)						
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections						

# 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 Fliers)	2 Total pages filed:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b> MS / MRS / MR <b>Mr,</b> FIRST <b>James</b> MI <b>G</b> NICKNAME <b>Greg</b> LAST <b>Redden</b> SUFFIX			<b>OFFICE USE ONLY</b> Date Received  APR 28 2025 by...Achard	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> ADDRESS / PO BOX: <b>2210 Southwood Hills Dr., Taylor, TX 76574</b> APT / SUITE #: CITY: STATE: ZIP CODE			Date Hand-delivered or Date Postmarked Receipt # <b> </b> Amount \$ <b> </b>	
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b> AREA CODE <b>(512)</b> PHONE NUMBER <b>663-9713</b> EXTENSION			Date Processed Date Imaged	
<b>6 CAMPAIGN TREASURER NAME</b> MS / MRS / MR <b>Mrs.</b> FIRST <b>Stacy</b> MI <b> </b> NICKNAME <b>Stork</b> LAST <b> </b> SUFFIX				
<b>7 CAMPAIGN TREASURER ADDRESS</b> STREET ADDRESS (NO PO BOX PLEASE): <b>1903 Meadow Ln., Taylor, TX 76574</b> (Residence or Business)			STATE: ZIP CODE	
<b>8 CAMPAIGN TREASURER PHONE</b> AREA CODE <b>(361)</b> PHONE NUMBER <b>633-1267</b> EXTENSION				
<b>9 REPORT TYPE</b> <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)				
<b>10 PERIOD COVERED</b> Month <b>3</b> Day <b>25</b> Year <b>25</b> THROUGH Month <b>4</b> Day <b>23</b> Year <b>25</b>				
<b>11 ELECTION</b> ELECTION DATE Month <b>5</b> Day <b>3</b> Year <b>25</b> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			<b>ELECTION TYPE</b> _____	
<b>12 OFFICE</b> OFFICE HELD (if any)			<b>13 OFFICE SOUGHT (if known)</b> <b>City Council District 1</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> 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 <b>GENERAL</b> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2



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

19 FILER NAME <b>James Greg Redden</b>	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: <b>2</b>
<b>2 FILER NAME</b> <b>James Greg Redden</b>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> <b>04/01/2025</b>	<b>5 Full name of contributor</b> <b>Pamela Lawhon</b>	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>100.00</b>
	<b>6 Contributor address;</b> .....	City; State; Zip Code <b>Taylor, TX 76574</b>	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> <b>04/07/2025</b>	<b>Full name of contributor</b> <b>Susan &amp; Blaine Faykus</b>	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>500.00</b>
	<b>Contributor address;</b> .....	City; State; Zip Code <b>Taylor, TX 76574</b>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> <b>04/10/2025</b>	<b>Full name of contributor</b> <b>Keith &amp; Marsha Hagler</b>	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>250.00</b>
	<b>Contributor address;</b> .....	City; State; Zip Code <b>Taylor, TX 76574</b>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> <b>04/10/2025</b>	<b>Full name of contributor</b> <b>Jim Buzan Taylor ISD Trustee Campaign</b>	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>150.00</b>
	<b>Contributor address;</b> .....	City; State; Zip Code <b>Taylor, TX 76574</b>	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>2</b>
<b>2 FILER NAME</b> James Greg Redden			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 04/19/2025	<b>5 Full name of contributor</b> Stacy & Jeff Stork	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>200.00</b>
	<b>6 Contributor address;</b> [REDACTED]	City; State; Zip Code [REDACTED] Taylor, TX 76574	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 04/17/2025	<b>Full name of contributor</b> HBA Home PAC	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b> <b>250.00</b>
<b>Contributor address;</b> [REDACTED]		City; State; Zip Code [REDACTED] Austin, TX 78754	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b>	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>
	<b>Contributor address;</b>	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b>	out-of-state PAC (ID#: .....)	<b>Amount of contribution (\$)</b>
	<b>Contributor address;</b>	City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 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	
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  
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: <b>2</b>	2 FILER NAME <b>James Greg Redden</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/09/2025</b>	5 Payee name <b>Venmo</b>		
6 Amount (\$) <b>8.75</b>	7 Payee address; <b>117 Barrow St., New York, NY 10014</b>	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>online fees</b>	
	(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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			