

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form. **1** Filer ID (Ethics Commission Filers) **2** Total pages filed: 11

**3** CANDIDATE / OFFICEHOLDER NAME  
MS / MRS / MR  FIRST MI  
STEPHEN W  
NICKNAME LAST SUFFIX  
STANLEY

**4** CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
3918 LARKIN LN, GARLAND, TX 75043  
 Change of Address

**5** CANDIDATE / OFFICEHOLDER PHONE  
AREA CODE PHONE NUMBER EXTENSION  
(214) 870-6266

**6** CAMPAIGN TREASURER NAME  
MS / MRS / MR  FIRST MI  
JERRY   
NICKNAME LAST SUFFIX  
REYNOLDS

**7** CAMPAIGN TREASURER ADDRESS  
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
2125 SARI LN, GARLAND, TX 75043  
(Residence or Business)

**8** CAMPAIGN TREASURER PHONE  
AREA CODE PHONE NUMBER EXTENSION  
(972) 955-7575

**9** REPORT TYPE  
 January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

**10** PERIOD COVERED  
Month Day Year Month Day Year  
2 / 22 / 2022 THROUGH 6 / 30 / 2022

**11** ELECTION  
ELECTION DATE: Month Day Year 11 / 8 / 2022  
ELECTION TYPE:  Primary  Runoff  Other Description  
 General  Special

**12** OFFICE OFFICE HELD (if any) **13** OFFICE SOUGHT (if known)  
DALLAS CO. JUSTICE OF THE PEACE 2-1

**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:  GENERAL  SPECIFIC  
COMMITTEE NAME  
COMMITTEE ADDRESS  
COMMITTEE CAMPAIGN TREASURER NAME  
COMMITTEE CAMPAIGN TREASURER ADDRESS

**OFFICE USE ONLY**  
Date Received: 2022 JUL 15 PM 3:33  
Date Hand Delivered or Date Postmarked  
Receipt # Amount \$  
Date Processed  
Date Imaged

BY JOHN F. WARREN  
COUNTY CLERK  
DALLAS COUNTY

**FILED**

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME <u>STEPHEN STANLEY</u>		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)	\$ <u>75<sup>00</sup></u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,785<sup>00</sup></u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>966.39</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,051<sup>58</sup></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,000<sup>00</sup></u>

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/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 STEPHEN STANLEY, and my date of birth is 9/7/64.

My address is 3918 LARKIN LN., GARLAND, TX, 75043, US.  
(street) (city) (state) (zip code) (country)

Executed in DALLAS County, State of TEXAS, on the 15th day of JULY, 20 22.  
(month) (year)

Stephen Stanley  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

19 FILER NAME

STEPHEN STANLEY

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,860 <sup>00</sup>
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 type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 966.39
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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1: <b>2</b>
2 FILER NAME <b>STEPHEN STANLEY</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-7-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>ANGIE CHEN BUTTON</b>	7 Amount of contribution (\$) <b>\$500<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>GARLAND TX</b>		
8 Contributor's principal occupation <b>TEXAS STATE REP.</b>		9 Contributor's job title <b>TX. STATE REP. DIST 112</b>
10 Contributor's employer/law firm <b>STATE OF TEXAS</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>3-25-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>PAUL ZIMMERMAN</b>	Amount of contribution (\$) <b>\$96.80</b>
Contributor address; City; State; Zip Code <b>4807 VERA CRUZ, GARLAND TX 75043</b>		
Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>-</b>
Contributor's employer/law firm <b>-</b>		Law firm of contributor's spouse (if any) <b>-</b>
If contributor is a child, law firm of parent(s) (if any)		
Date <b>4-28-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>ALMA JACKSON</b>	Amount of contribution (\$) <b>\$150<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>SAW ANTONIO TX 78214</b>		
Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>POLITICAL ACTIVIST</b>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1: <span style="font-size: 1.5em;">2</span>
2 FILER NAME <span style="font-size: 1.2em;">STEPHEN STANCEY</span>		3 Filer ID (Ethics Commission Filers)
4 Date <span style="font-size: 1.2em;">5-9-22</span>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <span style="font-size: 1.2em;">P.C. MATTHEWS</span>	7 Amount of contribution (\$) <span style="font-size: 1.5em;">\$ 96.80</span>
	6 Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">4122 ALDENHAM DR, GARLAND TX 75043</span>	
8 Contributor's principal occupation <span style="font-size: 1.2em;">REALTOR</span>		9 Contributor's job title <span style="font-size: 1.2em;">AGENT</span>
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
-----		
Date <span style="font-size: 1.2em;">6-15-22</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <span style="font-size: 1.2em;">ROBERT TINNING</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">\$1,456.20</span>
	Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">1070 BROADHEAD Rd, WAXAHACHE, TX 75165</span>	
Contributor's principal occupation <span style="font-size: 1.2em;">REAL ESTATE INVESTOR</span>		Contributor's job title <span style="font-size: 1.2em;">OWNER/INVESTOR</span>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
-----		
Date <span style="font-size: 1.2em;">6-30-22</span>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <span style="font-size: 1.2em;">GENEVIEVE COLLINS</span>	Amount of contribution (\$) <span style="font-size: 1.5em;">\$1485.00</span>
	Contributor address; City; State; Zip Code <span style="font-size: 1.2em;">HIGHGATE LN, DALLAS TX 75214</span>	
Contributor's principal occupation <span style="font-size: 1.2em;">POLITICAL ACTIVIST</span>		Contributor's job title <span style="font-size: 1.2em;">ACTIVIST/CONSULTANT</span>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME STEPHEN STANLEY	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-3-22	<b>5</b> Payee name HARBOR FREIGHT	
<b>6</b> Amount (\$) \$16.11	<b>7</b> Payee address; City; State; Zip Code LAKEVIEW DR., ROWLETT TX 75088	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) POLLING EXPENSE	<b>(b)</b> Description SIGN SUPPLIES
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date 3-3-22	Payee name WALMART	
Amount (\$) \$60.00	Payee address; City; State; Zip Code BROADWAY BLVD, GARLAND TX 75043	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FOOD/BEV. EXPENSE	Description ITEMS FOR CAMPAIGN VOL.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date 3-21-22	Payee name AFFORDABLE UNIFORMS	
Amount (\$) \$346.40	Payee address; City; State; Zip Code 7014 BRUTON RD., DALLAS TX 75217	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description T-SHIRTS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME STEPHEN STANLEY	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3-21-22	<b>5</b> Payee name CITY OF MESQUITE TX	
<b>6</b> Amount (\$) \$40 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code GALLOWAY, MESQUITE, TX 75150	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) EVENT EXP.	<b>(b)</b> Description MESQUITE RODEO PARADE
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-23-22	Payee name CAMPAIGN PARTNER	
Amount (\$) \$32 <sup>00</sup>	Payee address; City; State; Zip Code P.O. BOX 118, STILL RIVER, MA 01467	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FEES	Description WEBSITE
	<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 3-25-22	Payee name ROBER	
Amount (\$) \$18.60	Payee address; City; State; Zip Code I-30, GARLAND, TX 75043	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EVENT EXP	Description CANDY FOR PARADE
	<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

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>5</b>	2 FILER NAME <b>STEPHEN STANCEY</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3-25-22</b>	5 Payee name <b>U-LINE</b>	
6 Amount (\$) <b>\$42.22</b>	7 Payee address; City; State; Zip Code <b>12575 ULINE DR., PLEASANT PRAIRIE, WI 53158</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXP.</b>	(b) Description <b>TREAT BAGS</b>
	(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 <b>4-4-22</b>	Payee name <b>PARTY CITY</b>	
Amount (\$) <b>\$11.37</b>	Payee address; City; State; Zip Code <b>FIRLWHEEL PKWY, GARLAND TX 75040</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXP.</b>	Description <b>BALLOONS</b>
	<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 <b>4-25-22</b>	Payee name <del>U-LINE</del> <b>CAMPAIGN PARTNERS</b>	
Amount (\$) <b>\$32.00</b>	Payee address; City; State; Zip Code <b>P.O. BOX 118, STILL RIVER, MA 01407</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEES</b>	Description <b>WEBSITE</b>
	<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**



# 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME STEPHEN STANCEY	3 Filer ID (Ethics Commission Filers)
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4 Date 5-11-22	5 Payee name CHASE CREDIT CARD
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6 Amount (\$) \$250.00	7 Payee address; CAROL STREAM, IL 60197	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) CREDIT CARD PAYMENT	(b) Description PAYMENT
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-23	Payee name CAMPAIGN PARTNER
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Amount (\$) \$32.00	Payee address; P.O. BOX 118, STILL RIVER, MA 01467	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) FEES	Description WEBSITE
	<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	Candidate / Officeholder name	Office sought	Office held
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Date 6-6-22	Payee name WALMART
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Amount (\$) \$15.69	Payee address; BROADWAY, GARLAND TX 75043	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) EVENT EXP.	Description POLK WORKER SUPPLIES
	<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	Candidate / Officeholder name	Office sought	Office held
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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 6-17-22	<b>5</b> Payee name GARLAND NOON EXCHANGE	
<b>6</b> Amount (\$) \$2000	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 472791, GARLAND TX 75047	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) EVENT EXP.	<b>(b)</b> Description LABOR DAY PARADE FEE
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 6-28-22	Payee name FACEBOOK	
Amount (\$) \$5000	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ADVERTISING FEES
	<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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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

# OUTSTANDING LOANS

## SCHEDULE L

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 L:

1

2 FILER NAME

STEPHEN STANLEY

3 Filer ID (Ethics Commission Filers)

LENDER INFORMATION

4 Name of lender

STEPHEN STANLEY

5 Lender address;

City;

State;

Zip Code

3918 LARKIN LN., GARLAND TX 75043

GUARANTOR INFORMATION

6 Name of guarantor

STEPHEN STANLEY

not applicable

7 Guarantor address;

City;

State;

Zip Code

3918 LARKIN LN., GARLAND TX 75043

LENDER INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address;

City;

State;

Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address;

City;

State;

Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address;

City;

State;

Zip Code

not applicable

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED