#### JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) The JC/OH Instruction Guide explains how to complete this form. 2 Total pages filed: MS / MRS (MR) CANDIDATE / **OFFICEHOLDER** OFFICE USE ONLY STEPHEN NAME Date Received STANLEY APT / SUITE #; CIT 4 CANDIDATE / **OFFICEHOLDER** MAILING 3918 LARKIN LN. GARLAND, TX 75043 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** OFFICEHOLDER Date Hand-delivered or Date Postmarked (214) 870-6266 PHONE MS / MRS (MR ) 6 CAMPAIGN TREASURER JERRY NAME NICKNAME REYNOLDS Date Imaged STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: 7 CAMPAIGN STATE: ZIP CODE TREASURER **ADDRESS** 2125 SHARI LN., CARLAND ,TX 75043 (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER EXTENSION **TREASURER** PHONE (97d) 755-7575 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** Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 1 /2022 28/2022 THROUGH 11 ELECTION ELECTION TYPE Primary Runoff Other Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) DALLAS CO. JUSTICE OF THE PLACE D-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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

#### JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 2** 15 JC/OH NAME 16 Filer ID (Ethics Commission Filers) STEPHEN STANLEY 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 310.00 2. TOTAL POLITICAL CONTRIBUTIONS 3,000.12 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY **BALANCE** OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 6. LOAN TOTALS 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/Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by \_\_\_\_ this the \_\_\_\_\_ day of \_ \_\_, 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

(2) Unsworn Declaration

My name is STEPHEN W. STANCRY, and my date of birth is 9/7/64

My address is 3918 LARKIN LN. GARLAND TX 20043 US

(street)

(street) (city) (state) (zip code)

Executed in OACLAS County, State of TEXAS, on the OCTOBER, 20 22

Signature of Candidate/Officeholder (Declarant)

(country)

## SUBTOTALS - JC/OH

#### FORM JC/OH COVER SHEET PG 3

19	FILER NAM	ME	20 Filer ID (Ethics Com		
	5	TEPHEN STANLEY	20 Filer ID (Ethics Com	missi	on Filers)
21	SCHEDUL	E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4	3370.12
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	<u>—</u>
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	_
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	4915 94
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	s	CHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	_
10.	s	CHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	_
11.	s	CHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$	
12.	S	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	
	72.55				

## 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 thi	is form.	1 Total pages Schedule A(J)1:
FILER NAME		3 Filer ID (Ethics Commission Filers
STEPHEN STANLEY		
Date 5 Full name of contributor out-of-state PAG		7 Amount of contribution (\$)
1 NIRGINIA GUANS		
6 Contributor address: City	Chales 7 0	\$100.00
/22 ( 25 a a a 25 a a a 25 a a a 25 a a a a 25 a a a a	75150	700.00
6 Contributor address; City;  6 Contributor address; City;  6 Contributor's principal accuration	ESQUITETY	
Contributor's principal occupation	9 Contributor's job title	
TEACHER	TRACHTOR	
Contributor's employer/law firm	11 Law firm of contributor	s spouse (if any)
MISD		
If contributor is a child, law firm of parent(s) (if any)		
SO MINOSA		
Date Full name of contributor out-of-state PAC	2 10#	Amount of contribution (\$)
	4	·····σαπ σι σσιπισαισπ (ψ)
15/ DAVIS 4 DACCAS		00
City;	State; Zip Code	1,00000
Contributor's principal occupation	AS TV 2823/2	//
Contributor's principal occupation	Contributor's job title	
CANDIDATE		FOR DALLAS ED. JUD
Contributor's employer/law firm	Law firm of contributor	OIC DACCAS EO. JUD
	Law IIIII of contributor	s spouse (ii any)
f contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC	\ ID#-	A consequence of the contract
		Amount of contribution (\$)
17, BRUCE ARCHER CAMP	A15N	20
		100 -
Contributor address; City;	State: Zip Code	100
Contributor address; City;	100 mg (100 mg)	700
Contributor address; City;	100 mg (100 mg)	700
Contributor address; City;	Contributor's job title	
Contributor address: City:  MESQUITE;  Contributor's principal occupation  COLITICAL CANDIDATE	Contributor's job title FORM ER MES	QUITY MAYOR
Contributor address; City;	Contributor's job title	QUITY MAYOR
Contributor address: City:  MESQUITE;  Contributor's principal occupation  POLITICAL CANDIDATE  Contributor's employer/law firm	Contributor's job title FORM ER MES	QUITY MAYOR
Contributor address: City:  MESQUITE;  Contributor's principal occupation  POLITICAL CANDIDATE	Contributor's job title FORM ER MES	QUITY MAYOR
Contributor address: City:  MESQUITE;  Contributor's principal occupation  POLITICAL CANDIDATE  Contributor's employer/law firm	Contributor's job title FORM ER MES	QUITY MAYOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### 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 t	his form.	1 Total pages Schedule A(J)1:
FILER NAME	3 Filer ID (Ethics Commission Filers	
STEPHEN STANCEY		
Date 5 Full name of contributor out-of-state F	PAC ID#	7 Amount of contribution (\$)
19, GEDRGE MALONE		
6 Contributor address; City;	State; Zip Code	23.97
22 4305 FERNWOOD DR. G		23.77
Contributor's principal occupation	9 Contributor's job title	
RETIRED	BETIRED	
Contributor's employer/law firm	11 Law firm of contributor	r's spouse (if any)
W		
If contributor is a child, law firm of parent(s) (if any)		
Date 5 "		
Full name of contributor out-of-state P		Amount of contribution (\$)
Contributor address; City;	N WOMEN'S PAC	#
Contributor address; City;	State; Zip Code	F223.00
P.O. BON DEILING MESO	10.70 TV 2=1.21	
Contributor's principal occupation	Contributor's job title	
	Contributor 3 Job title	
Contributor's employer/law firm		WOMEN'S CLUB
	Law firm of contributor	's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor Qut-of-state PA	AC ID#:)	Amount of contribution (m)
1		Amount of contribution (\$)
BI RNICOLL GORDON		\$ = 20
22 Contributor address; City;	State: Zip Code	970
32292 SANDPIPER DR., OR	ANGS BEACH A) 31-EL	
Contributor's principal occupation	Contributor's job title	
REALTOR	ASENT /REA	1500
Contributor's employer/law firm	Law firm of contributor	
		N 20
If contributor is a child, law firm of parent(s) (if any)		
	000	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## 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 the	his form.	1 Total pages Schedule A(J)1:
STEPHEN STANLEY		3 Filer ID (Ethics Commission Filers
Date  5 Full name of contributor  out-of-state P.  SCOTT. SMITH  6 Contributor address: City;  1910 EASTGATE DR. GA	State: Zip Code	7 Amount of contribution (\$)
	3 Contributor's job title	
Contributor's employer/law firm	11 Law firm of contributor	's spouse (if any)
f contributor is a child, law firm of parent(s) (if any)  Date  Full name of contributor    Out-of-state PA	AQ (D):	Amount of contribution (\$)
291 RED TEXAS FORUM	State; Zip Code	#5000
Contributor's principal occupation	Contributor's job title	
POLITICAL DREANIZATION Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
f contributor is a child, law firm of parent(s) (if any)		
Pate Full name of contributor out-of-state PA  PRESTON SAMS  Contributor address; City;  6505 LIMERICIT LN., GAR  Contributor's principal accumulation.	State: Zip Code	Amount of contribution (\$)
Contributor's principal occupation  CONSTRUCTION SALES  Contributor's employer/law firm	Contributor's job title	S Spouse (if any)
f 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.

### 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:
FILER NAMI	STEPHEN STANCEY		3 Filer ID (Ethics Commission Filers
Date //20/	5 Full name of contributor out-of-state PAC  NARR ELL 09 4  6 Contributor address; City;  1303 CHICKASAW DR. RIC	State; Zip Code 75080	7 Amount of contribution (\$) \$15000
	Principal occupation  LITECT SLARCH FIRM	9 Contributor's job title	
Contributor's	employer/law firm	11 Law firm of contributor's	spouse (if any)
If contributor	is a child, law firm of parent(s) (if any)		
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Contributor's	principal occupation	Contributor's job title	
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	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address; City;	State: Zip Code	
Contributor's	A CONTRACTOR OF CONTRACTOR CONTRA		
	Contributor address; City;	State: Zip Code	spouse (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.

If the requested inform	mation is not applicable, <b>DO NOT inclu</b>	de this page in the repo	ort.
	EXPENDITURE CATEGO		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense L Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F Legal Services S The Instruction Guide explains in	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)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date, 7/1/2022	5 Payee name	4FE	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
93.05	627 MAIN ST., GARU	The state of the s	75040
8 PURPOSE	(a) Category (See Categories listed at the top of this school	nedule) (b) Description	
PURPOSE OF EXPENDITURE	FOOD FBEVERAGE EXP.	MTG WITH	CAMPAISN SUPPORTER
	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
1/15/02	STRIPE		
Amount (\$)	Payee address;	City;	State; Zip Code
\$1.03	354 DYSTER POINT BL	VP., S. SAN FRANC	eisco, CA 94080
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE	FEES	BANYING	
	Check if travel outside of Texas. Complete Schedu	Jule 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		
1/21/22	HERPERS PRESS		
Amount (\$)	Payee address;	City;	State; Zip Code
#1,768.81	520 LOMA VISTA, HEAT	TH TX 750	32
***************************************	Category (See Categories listed at the top of this schedu	dule) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXP.	516N5	
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ii the requested infor	mation is not applicable, <b>DO NOT include</b> t	his page in the repo	ort.
	<b>EXPENDITURE CATEGORIE</b>	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Office ( FOOd/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Dverhead/Rental Expense Expense g Expense s/Wages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME	30 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	3 Filer ID (Ethics Commission Filers)
	STEPHEN STAN	124	The second relations of the se
4 Date 7-25-22	5 Payee name CAMPAIEN PARTNER		
6 Amount (\$)	7 Payee address; P.O. BOX 118 STILL RIVE	City; R , MA 014	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	FEES	WEBS17	- E
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 1/25/22	Payee name  ULIN £		
Amount (\$)	Payee address;	City;	State; Zip Code
\$185.79	2600 RENTAL CAR DR., D	FW AIRPORT,	TX 75261
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXP	DOOR TO D	oor supplies
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/4/22	STRIPE		
Amount (\$)	Payee address;	City;	State; Zip Code
\$29.30	354 OYSTER POINT BLUB.	S. SAN FRANC	1500, CA 94 080
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FEES	BANKING	•
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S S CUEDIN E A C VIII	DED
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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

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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1	STEPHEN STANLEY	P	3 Filer ID (Ethics Commission Filers)
4 Date /11 /2022	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
#1,602	520 LOMA VISTA, HEAT	1+, TX 7	5032
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXP.	516NS	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name	100	
8/15/22	PRINT PLACE		
Amount (\$)	Payee address;	City;	State; Zip Code
五85.11	1110 AVE H. EAST, ARLING	570N, TX	76011
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	PRINTING	2 1	
EXPENDITURE	ADVERTISING EXP	BUS. CA	RDS
	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		
8/11/22	HARBOR FREIGHT		
Amount (\$)	Payee address;	City;	State; Zip Code
#30.90	3502 LAKEVIEW PKWY, ROA	wlatt tx	75088
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXP	SIGN SUP	102165
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	DED

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 chous)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 8/19/2022	31/11/32/11	commerce	1
6 Amount (\$)	7 Payee address; 50345. SH78 ≠130, SAG		zip code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  EVENT EXP.	(b) Description  CAMPA(5)	N EVENT
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n. TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
8/23/22	Payee name  CHMPAIGN PARTNERS		
Amount (\$)	Payee address; P.O. BOX 118 STILL RIVER,	City; MA 0146	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  FEES  Check if travel outside of Texas. Complete Schedule T.	Description  WEB 5 17	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held
8/23/22	Payee name  7RACTOR SUPPLY		
Amount (\$)	Payee address; 1740 N. BELT LINE Rd., Me	city; ESQUITE, T	State; Zip Code + 75149
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVERTISING EXP.	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

If the requested infor	mation is not applicable, DO NOT incl	lude this page in the repo	rt.
	EXPENDITURE CATEO		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	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)
1 Total pages Schedule F1		The second secon	3 Filer ID (Ethics Commission Filers)
4 Date 8/23/20	5 Payee name SAM'S CLUB		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$103.88	5150 N. JARLAND A		
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
PURPOSE OF EXPENDITURE	EVENT EXP.	CANDY	FOR PARADE
	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
8/24/22	OFFICE PRPOT		
Amount (\$)	Payee address;	City;	State; Zip Code
A 21 38	5205 N. CARLANE	AUK, TARLANI	0 TX 75040
	Category (See Categories listed at the top of this sc		
PURPOSE OF EXPENDITURE	APVERTISING EXP.	PRINTING	SUPPLIES
	Check if travel outside of Texas. Complete Sch	nedule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/29/22	HARBOR FREISHT		
Amount (\$)	Payee address;	City;	State; Zip Code
\$14.06	3502 LAKEVIEW PKW	Y, ROWLETT T.	× 75088
	Category (See Categories listed at the top of this sch	nedule) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXP	5/G N	SUPPLIES
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) STEPHEN STANLEY
5 Payee name 8/31/22 Zip Code 5000 4814 TREMONT ST., DALLAS YX 75246 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** ANNUAL VETERANS DINNER EUENT IXP **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH VI/2012 GARLAND CHAMBER Amount (\$) City; \$ 4500 520 N. CLENBROOK DR., GARLAND TX 75040 Category (See Categories listed at the top of this schedule) PURPOSE CHAMBIR LUNCHEON EUKNT 9XP, **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 8/29/22 HARBOR FREIGHT Amount (\$) State; Zip Code \$ 14.06 3502 LAKEVIEW PKWY., ROWLETT, TX 75088 Category (See Categories listed at the top of this schedule) Description **PURPOSE** ADVERTISING EXP. SIGN SUPPLIES **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Over Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	Travel In District Travel Out Of Distr	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N				3 = 15 /5 /5	
THE THE SECTION AND ADDRESS OF THE		STEPHEN ST	nalle		3 Filer ID (Ethio	es Commission Filers)
4 Date 9/4/22	5 Payee na	ett Filo YSE		7		
6 Amount (\$)	7 Payee a			City;	State;	Zip Code
\$99.60	409	MAIN ST., C	ARLA	15002.600	5458N 9633970 <b>\$</b> .	Zip Code
8	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	EVE	UT EXP.		SUPPLIES	FOR GA	RLAND
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	ı, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
9/8/ 2072	Payee na	ME GAS STATION	>			
Amount (\$)	Payee ac	ldress;		City;	State:	Zin Cada
#43 02	582	BROADWAY, B	LUB.	and secretary when		Zip Code
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE OF EXPENDITURE	TRAV	EL IN DISTRIC	:۲	SIGN INS	574 LLAT	100
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
9/8/2022	OFFIC	E DEPOT				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
\$39.83	950	W. CRNTERVIL	-18 F	Rd., GARIAN	אל סי	
		(See Categories listed at the top of this se		Description		
PURPOSE OF EXPENDITURE	AOVE	RTISING EXP		PRINTING	<del>227</del> .5u	OPL 125
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ite / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

		1 3	
	EXPENDITURE CATEGO	PRIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Food/Beverage Expense	Jilice Overhead/Rental Expense Printing Expense Printing Expense Galaries/Wages/Contract Labor Travel IC Other (e	ion/Fundraising Expense rtation Equipment & Related Expense n District but Of District nter a category not listed above)
<b>1</b> T.1.1	The Instruction Guide explains h	low to complete this form.	
1 Total pages Schedule F1	STEPHEN STA	ANLEY 3 Filer	ID (Ethics Commission Filers)
4 Date 9/7/2022	PRECISION REPROGRA		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
P55.21	3102 BENTON ST, GE	ARRAND, TX 750	
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXP.	SIGNS FOR C	24R
	(c) Check if travel outside of Texas. Complete Sched	lule T. Check if Austin, TX, office	holder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
9/13/22	HARBOR FREIGHT		
Amount (\$)	Payee address;	City;	State; Zip Code
\$14.68	3502 LAHEVIEW PHU	Y., ROWLETT, TX	3.
	Category (See Categories listed at the top of this sched	lule) Description	
PURPOSE OF EXPENDITURE	APV EXP.	SITN SUPE	PLIES
A BI B	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin, TX, office	holder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/15/22	MESQUITE TRI-EA	STNAACP	
Amount (\$)	Payee address;	City;	State; Zip Code
\$130.00	P.O. BOX 852895,		75185
	Category (See Categories listed at the top of this schedu	ule) Description	
PURPOSE OF EXPENDITURE	EVENT EXP.	FREEDOM FUN	D BANQUET
	Check if travel outside of Texas. Complete Schedu	leT. Check if Austin, TX, officer	older living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

expenditure to benefit C/OH

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 Loan Repa Fees Office Ove Food/Beverage Expense Polling Expense Printing Expense		ayment/Reimbursement erhead/Rental Expense pense xpense Vages/Contract Labor	Transportation Equip Travel In District Travel Out Of Distric				
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)			
4 Date 9/16/22	5 Payeen	Neve 74460		C C -,					
6 Amount (\$)	7 Payee a	iddress;	110	City;	State;	Zip Code			
\$7500		QUITE, TX	751		Out.o,	Zip Code			
8	(a) Categor	ory (See Categories listed at the top of this	schedule)	(b) Description					
PURPOSE OF EXPENDITURE	£0€/	NT Z&P.		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		N9(N16HT			
sta 10 10 10 10 10 10 10 10 10 10 10 10 10		Check if travel outside of Texas. Complete S	chedule T.		in, TX, officeholder living	Į expense			
9 Complete ONLY if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held			
Date	Payee na	ame							
9/16/22		2192							
Amount (\$) # 7,55	354 G	ddress; DYSTER POINT B	SLUP.,	City; 5, SAN FRAN	State;	Zip Code 94080			
	Category	y (See Categories listed at the top of this se	chedule)	Description					
PURPOSE OF EXPENDITURE	T-825			BANKIN	BANKINO				
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX, officeholder living	expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held			
Date	Payee na	ame							
9/23/22	M 250	QUITE REPUBL	LIKAn	, WOMEN'S	club				
Amount (\$)	Payee ac	ddress;		City;	State;	Zip Code			
\$40ac	P.O. BO	X 851464, M	ESQI	MITE TX	50400000488040	AC-98 AT-08/AC-2004(E)			
	Category	/ (See Categories listed at the top of this so	chedule)	Description					
PURPOSE OF EXPENDITURE	EVENT EXP.			ANNUAL BANQUET					
		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	n, TX, officeholder living	expense			
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EXPENDITURE CATEGORIE						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made to Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan F Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Transvel In District Travel Out of District Other (enter a category not listed above)			
1 Total pages Schedule F1	tal pages Schedule F1: 2 FILER NAME						
4 Date 9/23/23	STEPHEN STA 5 Payee name CAMALIGN PARTNERS						
4 32 00	7 Payee address; P.O.BOX 118, STILL RIVEO	City;	State;	Zip Code			
8	(a) Category (See Categories listed at the top of this schedule	(b) Description					
PURPOSE OF EXPENDITURE	E FEES	WEBS	WEBSITZ				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense			
Complete ONLY if direct expenditure to benefit C/OI	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	Description				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	Check if Austin, TX, officeholder living				
Complete ONLY if direct expenditure to benefit C/OF	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					

Complete ONLY if direct

expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

#### **OUTSTANDING LOANS** If the requested information is not applicable, DO NOT include this page in the report. SCHEDULE L 1 Total pages Schedule L: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) STEPHEN STANCEY 4 Name of lender **LENDER INFORMATION** 5 TEPHEN STANLEY 5 Lender address; City; State; Z 5718 LARKIN LN, GARLAND TK 75043 Zip Code **GUARANTOR INFORMATION** 7 Guarantor address; not applicable City; State; Zip Code Name of lender LENDER **INFORMATION** Lender address; City; State; Zip Code **GUARANTOR** Name of guarantor **INFORMATION** Guarantor address; not applicable City; State; Zip Code LENDER Name of lender INFORMATION Lender address; City; State: Zip Code **GUARANTOR** Name of guarantor INFORMATION Guarantor address; not applicable City; State; Zip Code **LENDER** Name of lender INFORMATION Lender address; City; State; Zip Code **GUARANTOR** Name of guarantor **INFORMATION** Guarantor address: not applicable City; State; Zip Code ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED