

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
STEPHEN W. STANLEY

15 Filer ID (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.

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

Additional Pages

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)	\$ 475 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ \$4882.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ \$523.33
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,600.00

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.

Stephen W. Stanley
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Stephen W. Stanley, this the 26th day of February, 20 18, to certify which, witness my hand and seal of office.

Tandi Smith
Signature of officer administering oath

Tandi Smith
Printed name of officer administering oath

Notary
Title of officer administering oath

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	\$ 475 ⁰⁰
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	\$ 4882.25
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 796.93
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 2/15/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEVERLY HOLMES	7 Amount of contribution (\$) \$50⁰⁰
6 Contributor address; City; State; Zip Code 2803 RIVERSIDE PKWY, GRAND PRAIRIE, TX 75050		
8 Principal occupation / Job title (See Instructions) HR		9 Employer (See Instructions) AMERICAN AIRLINES
Date 2/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANA BUCKETT	Amount of contribution (\$) \$ 25⁰⁰
Contributor address; City; State; Zip Code 2512 INDIAN HILLS DR, PLANO, TX 75076		
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) CBUB CORP.
Date 2/15/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY FREEMAN	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code 1509 LAKELAND PARK DR, GARLAND, TX 75043		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 2/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ED MOORE	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 1601 SKYLINE DR, GARLAND TX 75043		
Principal occupation / Job title (See Instructions) FIELD UNDERWRITER/MEDICARE SPECIALIST		Employer (See Instructions) ED MOORE INS - RISK MANAGEMENT SOLUTIONS

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MONICA VASQUEZ ARCIGA</i>	7 Amount of contribution (\$) <i>\$50⁰⁰</i>
<i>2/12/2018</i>	6 Contributor address; City; State; Zip Code <i>2600 VENTURA DR, APT 722, PLANO, TX 75093</i>	
8 Principal occupation / Job title (See Instructions) <i>BUSINESS ANALYST</i>		9 Employer (See Instructions) <i>RAC</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FERRIN HOLCOMB, D.D.S.</i>	Amount of contribution (\$) <i>\$100⁰⁰</i>
<i>2/13/2018</i>	Contributor address; City; State; Zip Code <i>7402 COVEWOOD DR, GARLAND TX 75844</i>	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions) <i>RETIRED DENTIST</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>BILLY J WILLIAMS</i>	Amount of contribution (\$) <i>\$50⁰⁰</i>
<i>2/15/2018</i>	Contributor address; City; State; Zip Code <i>617 SAN CARLOS DR, GARLAND TX</i>	
Principal occupation / Job title (See Instructions) <i>RETIRED</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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: 6	2 FILER NAME STEPHEN STANLEY	3 Filer ID (Ethics Commission Filers)
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4 Date 2/7/2018	5 Payee name OFFICE DEPOT
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6 Amount (\$) 67.62	7 Payee address; City; State; Zip Code 3975 WEST EMPORIUM CIR., MESQUITE, TX 75150
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXP.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-7-2018	Payee name OFFICE DEPOT
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Amount (\$) 7.14	Payee address; City; State; Zip Code 950 W. CENTERVILLE RD., GARLAND TX 75043
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXP	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-9-2018	Payee name NORTH TEXAS CRIME COMMISSION
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Amount (\$) \$30⁰⁰	Payee address; City; State; Zip Code P.O. BOX 601723 DALLAS, TX 75360
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES & FOOD AND BEVERAGE EXPENSE	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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

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:	2 FILER NAME STEPHEN STANLEY	3 Filer ID (Ethics Commission Filers)
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4 Date 2/9/2018	5 Payee name FACEBOOK
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6 Amount (\$) \$3.68	7 Payee address; City; State; Zip Code CALIFORNIA
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 2/13/2018	Payee name FIRST GRAPHIC SERVICES, INC
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Amount (\$) \$3,910.53	Payee address; City; State; Zip Code 229 GARVON ST., GARLAND, TX 75040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING/POLITICAL SIGNS	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 2/16/2018	Payee name OOS BANDAREAS
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Amount (\$) \$33.52	Payee address; City; State; Zip Code 614 MAIN ST., GARLAND TX 75040
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD + BEVERAGE EXP.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME STEPHEN STANLEY	3 Filer ID (Ethics Commission Filers)
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4 Date 2-20-2018	5 Payee name THE MEN AND LADIES OF HONOR
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6 Amount (\$) 50⁰⁰	7 Payee address; City; State; Zip Code P.O. BOX 1341, ROWLETT TX 75080
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 2-20-18	Payee name OMNI HOTEL
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Amount (\$) \$12⁰⁰	Payee address; City; State; Zip Code 555 S. LAMAR ST., DALLAS TX 75202
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 2-20-2018	Payee name WENDY'S
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Amount (\$) \$3.18	Payee address; City; State; Zip Code 1310 W. CENTERVILLE Rd. GARLAND TX 75041
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD & BEVERAGE EXP.	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 STEPHEN STANCEY	3 Filer ID (Ethics Commission Filers)
4 Date 2-20-2018	5 Payee name OFFICE DEPOT	
6 Amount (\$) \$116.69	7 Payee address; City; State; Zip Code 950 W. CENTERVILLE RD., GARLAND TX 75043	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXP.	(b) Description <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: _____	

Date 2-21-2018	Payee name ARBY'S	
Amount (\$) \$21.61	Payee address; City; State; Zip Code 1850 N. PLANO RD., RICHARDSON TX 75081	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD + BEVERAGE	Description <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: _____	

Date 2-22-2018	Payee name OFFICE DEPOT	
Amount (\$) \$164.23	Payee address; City; State; Zip Code 1122 W. CENTERVILLE RD., TX 75043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD + BEVERAGE and EVENT EXP.	Description <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: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 <i>STEPHEN STANLEY</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-26-2018</i>	5 Payee name <i>ALBERTSON'S</i>	
6 Amount (\$) <i>\$ 24.06</i>	7 Payee address; City; State; Zip Code <i>5710 BROADWAY BLVD., GARLAND TX 75043</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>FOOD + BEVERAGE EXP.</i>	(b) Description <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 <i>2-26-2018</i>	Payee name <i>ALBERTSON'S</i>	
Amount (\$) <i>\$ 14.06</i>	Payee address; City; State; Zip Code <i>5710 BROADWAY BLVD, GARLAND TX 75043</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>FOOD + BEVERAGE EXP.</i>	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 _____	
Date <i>2-26-2018</i>	Payee name <i>MEEK MIND</i>	
Amount (\$) <i>\$ 400</i>	Payee address; City; State; Zip Code <i>10935 ESTATE LN. STE 101, DALLAS TX 75238</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXP.</i>	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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME STEPHEN STANLEY	3 Filer ID (Ethics Commission Filers)
4 Date 2-13-2018	5 Payee name THE HOME DEPOT	
6 Amount (\$) \$ 796.93 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2201 LAKEVIEW PKWY, ROWLETT TX 75088	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP.	(b) Description <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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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