

# 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: <span style="font-size: 2em; margin-left: 20px;">10</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) FIRST MI <span style="font-size: 1.5em;">STEPHEN W.</span>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>OFFICE USE ONLY</b>                  Date Received                  OCT 31 PM 12:11                  JOHN F. MARRIN                  COUNTY CLERK                  DALLAS COUNTY                  DEPUTY             </div> <div style="font-size: 3em; font-weight: bold; transform: rotate(90deg); position: absolute; right: -50px; top: 50%; transform: translateY(-50%);">FILED</div>	
NICKNAME LAST SUFFIX	<span style="font-size: 1.5em;">STANLEY</span>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em;">3918 LARKIN LN., GARLAND, TX 75043</span>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em;">(214) 870-6264</span>		
6 CAMPAIGN TREASURER NAME	MRS (MR) FIRST MI <span style="font-size: 1.5em;">JERRY</span>	Date Hand-delivered or Date Postmarked	Receipt # Amount \$
NICKNAME LAST SUFFIX	<span style="font-size: 1.5em;">REYNOLDS</span>	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <span style="font-size: 1.2em;">2125 SHARI LN., GARLAND TX 75043</span>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <span style="font-size: 1.2em;">(972) 755-7575</span>		
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month Day Year    Month Day Year <span style="font-size: 1.5em;">9 / 29 / 2022</span> THROUGH <span style="font-size: 1.5em;">10 / 29 / 2022</span>		
11 ELECTION	ELECTION DATE Month Day Year <span style="font-size: 1.5em;">11 / 8 / 2022</span>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <span style="font-size: 1.2em;">DALLAS CO. JUSTICE OF THE PEACE 2-1</span>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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	COMMITTEE ADDRESS		
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

# 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	\$ 1719.10
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	\$ 2143.22
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	\$ ✓

# 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>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1719.10</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2143.22</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>320.14</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,000.00</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 W. STANLEY, and my date of birth is 9/7/1964.  
 My address is 3918 LARKIN LN., GARLAND, TX, 75043, U.S..  
(street) (city) (state) (zip code) (country)  
 Executed in DALLAS County, State of TEXAS, on the 31st day of OCTOBER, 2022.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**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>10/1/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>MICHAEL F. SCATON</b>	7 Amount of contribution (\$) <b>\$193.90</b>
6 Contributor address: City: State: Zip Code <b>305 BROOKWOOD FOREST DR., TX 75182</b>		
8 Contributor's principal occupation <b>ACCT / BOOKKEEPER</b>		9 Contributor's job title <b>OWNER</b>
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 <b>10/7/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>REP. PARTY OF TEXAS</b>	Amount of contribution (\$) <b>\$990<sup>00</sup></b>
Contributor address: City: State: Zip Code <b>807 BRAZOS ST., STE 701, AUSTIN, TX 78701</b>		
Contributor's principal occupation <b>REPUBLICAN PARTY</b>		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 <b>10/14/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>MARY M. LAWSON</b>	Amount of contribution (\$) <b>50<sup>00</sup></b>
Contributor address: City: State: Zip Code <b>314 MEADOWCREEK LN., GARLAND TX 75043</b>		
Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>RETIRED</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: <b>2</b>
2 FILER NAME <b>STEPHEN STANLEY</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/21/2022</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ <b>MORGAN JONES</b>	7 Amount of contribution (\$) <b>\$485<sup>20</sup></b>
6 Contributor address: City: State: Zip Code <b>1785 E. I-30, GARLAND TX 75043</b>		
8 Contributor's principal occupation <b>PAWN STORE OWNER</b>		9 Contributor's job title <b>OWNER</b>
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 <b>10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ ..... Contributor address: City: State: Zip Code	Amount of contribution (\$)
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 <input type="checkbox"/> out-of-state PAC ID# _____ ..... Contributor address: City: State: Zip Code	Amount of contribution (\$)
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)		

**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	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>4</b>	2 FILER NAME <b>STEPHEN STANLEY</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/5/2022</b>	5 Payee name <b>STRIFE</b>
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6 Amount (\$) <b>\$6.10</b>	7 Payee address; City; State; Zip Code <b>354 OYSTER POINT BLVD., S. SAN FRANCISCO CA 94080</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>	(b) Description <b>BANKING</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
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Date <b>10/11/2022</b>	Payee name <b>KEEPERS PRESS</b>
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Amount (\$) <b>\$802<sup>50</sup></b>	Payee address; City; State; Zip Code <b>520 LOMA VISTA, HEATH, TX 75032</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXP</b>	Description <b>SIGNS</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
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Date <b>10/11/2022</b>	Payee name <b>KEEPERS PRESS</b>
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Amount (\$) <b>\$845<sup>61</sup></b>	Payee address; City; State; Zip Code <b>520 LOMA VISTA, HEATH, TX 75032</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXP.</b>	Description <b>SIGNS</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
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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: 4	<b>2</b> FILER NAME STEPHEN STANCEY	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/14/2022	<b>5</b> Payee name PRINT PLACE	
<b>6</b> Amount (\$) \$212 <sup>12</sup>	<b>7</b> Payee address; City; State; Zip Code 1110 AVE H. EAST, ARLINGTON, TX 76011	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXP	<b>(b)</b> Description PUSH CARDS
	<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 10/17/2022	Payee name HARBOR FREIGHT	
Amount (\$) \$4 <sup>83</sup>	Payee address; City; State; Zip Code 3502 LAKEVIEW PKWY, ROWLETT, TX 75088	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description SIGN SUPPLIES
	<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 10/17/2022	Payee name SAM'S CLUB	
Amount (\$) \$52 <sup>16</sup>	Payee address; City; State; Zip Code 5150 N. GARLAND AVE, GARLAND, TX 75040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP.	Description CANDY
	<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: <b>4</b>	2 FILER NAME <b>STEPHEN STANLEY</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/19/2022</b>	5 Payee name <b>CAMPAIGN PARTNERS</b>
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6 Amount (\$) <b>\$15<sup>00</sup></b>	7 Payee address; City; State; Zip Code <b>P.O. BOX <del>118</del> 118 STILL RIVER, MA 01467</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>	(b) Description <b>WEB SITE</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
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Date <b>10/21/2022</b>	Payee name <b>STRIPE</b>
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Amount (\$) <b>\$14<sup>80</sup></b>	Payee address; City; State; Zip Code <b>354 OYSTER POINT BLVD., S. SAN FRANCISCO, CA 94080</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FEES</b>	Description <b>BANKING</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
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Date <b>10/22/2022</b>	Payee name <b>SUN DONUTS</b>
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Amount (\$) <b>\$30<sup>53</sup></b>	Payee address; City; State; Zip Code <b>4002 BROADWAY BLVD, STE #100, GARLAND, TX 75043</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD EXP.</b>	Description <b>CAMPAIGN EVENT</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
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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: 4	<b>2</b> FILER NAME STEPHEN STANLEY	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/24/2022	<b>5</b> Payee name CAMPAIGN PARTNERS	
<b>6</b> Amount (\$) \$ 32 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code P.O. BOX 118, STILL RIVER, MA, 01467	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) FEES	<b>(b)</b> Description WEBSITE
	<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 10/24/2022	Payee name TRACTOR SUPPLY	
Amount (\$) \$ 127 <sup>52</sup>	Payee address; City; State; Zip Code 1740 N. BELTLINE RD., MESQUITE, TX 75149	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXP.	Description T-POSTS
	<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  <input checked="" type="checkbox"/> not applicable	6 Name of guarantor	
	7 Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender	
	Lender address; City; State; Zip Code	
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**