CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to cor	naloto this form	1 Filer ID		2 Total pages file	ed:		
	Guide explains how to cor		(Ethics Commi 00088343	· · ·	19	9		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY		
NAME	Mr.	Stephen W.			Date Received			
					ELECTRONICA	LLY FILED		
	NICKNAME	LAST		SUFFIX	10/07/2024			
		Stanley						
4 CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #; CI	TY;	ZIP CODE	Date Hand-delivered or	Date Postmarked		
OFFICEHOLDER MAILING	3918 Larkin Lane							
ADDRESS					Receipt #	Amount		
Change of Address	Garland, TX 75043				Date Processed			
					Date Imaged			
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u></u>			
TREASURER NAME	Mrs.	Daphne R.						
	NICKNAME	LAST		SUFFIX				
		Stanley						
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PI FASE).	AP.	T / SUITE #; CITY;	STA	TE; ZIP CODE		
TREASURER	3918 Larkin Ln.	1 0 DOM 1 22, 102),	7.0		017			
ADDRESS								
(Residence or Business)	Garland, TX 75043							
7 CAMPAIGN	AREA CODE PH	IONE NUMBER	EXTENSION					
TREASURER	(214) 284-4154	IONE NOWBER	EXTENSION					
PHONE	(214) 204-4134							
8 REPORT					_			
TYPE	January 15	X 30th day befor	e election	Runoff	15th day after can appointment (offic			
	July 15	8th day before	election	Exceeded modified	Final Report (Atta			
				reporting limit	-			
9 PERIOD COVERED	Month Day Yea			Month Day	Year			
COVERED	07/01/2024	11	HROUGH	09/26/2024	4			
10 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month Day Yea	ar 🛛 🗖 F	Primary	Runoff	Other			
	11/05/2024		General	Special				
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)			
				State Representa	ative District 113			
			TO PAGE 2					
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Versio	on V4.1.0.48da51f7		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 19

13 C / OH NAME	Stanley, Stephen W.	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure These expenditures may have been made without th d officeholders are required to report this information of	e candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	5	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 19,326.03
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 10,850.86
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	ST DAY OF THE	\$ 9,664.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty of true and correct and includes all under Title 15, Election Code.		
		Mr Ste	phen W. Stanley	
			Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.	, uno uno	uuy
Signature of offic	cer administering	Printed name of officer administering	Title of officer	administering oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

SUBTOTALS - C/OH		RM C/OH IEET PG 3 3 of 19	
18 FILER NAME Stanley, Stephen W. (Mr.)	19 Filer ID 00088343	(Ethics Com	mission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTO	TAL AMOUNT	
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	19,326.03	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. X SCHEDULE E: LOANS		\$	1,000.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	10,850.86
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$		
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/3 Rpt: 4/19 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Stanley, Stephen W. (Mr.) 00088343 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/20/2024 A Better Dallas \$1,000.00 6 Contributor address; City; State; Zip Code Dallas, TX 75231 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/05/2024 \$1,000.00 Adams, Carol Contributor address; City; State; Zip Code Dallas, TX 75225 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired Self Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/19/2024 Burnside, Adrienne \$250.00 Contributor address; City; State; Zip Code Garland, TX 75044 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/02/2024 \$100.00 Canion, Judith Contributor address; City; State; Zip Code Dallas, TX 75243 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/16/2024 \$10,000.00 Deason, Darwin Contributor address; City; State; Zip Code Dallas, TX 75219 Principal occupation / Job title (See Instructions) Employer (See Instructions) Chairman Darwin Deason

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/3 Rpt: 5/19 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Stanley, Stephen W. (Mr.) 00088343 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/16/2024 Deason, Doug \$5,000.00 6 Contributor address; City; State; Zip Code Dallas, TX 75229 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) President Deason Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/24/2024 \$100.00 Fincher, David Contributor address; City; State; Zip Code Mesquite, TX 75150 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 08/05/2024 Hendrickson, Lisa \$250.00 Contributor address; City; State; Zip Code Argyle, TX 76226 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/19/2024 \$1,000.00 Lewis, Jordan Contributor address; City; State; Zip Code Sunnyvale, TX 75182 Principal occupation / Job title (See Instructions) Employer (See Instructions) Market President First Guaranty Bank Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/23/2024 \$250.00 Namdar, Brad Contributor address; City; State; Zip Code Richardson, TX 75082 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 6/19 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Stanley, Stephen W. (Mr.) 00088343 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 08/01/2024 O'Leary, Sean (Mr.) \$50.00 6 Contributor address; City; State; Zip Code Dallas, TX 75204 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 08/17/2024 \$250.00 Olsen, William Contributor address; City; State; Zip Code Richardson, TX 75082 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 09/06/2024 Parigi, John \$50.00 Contributor address; City; State; Zip Code Rockwall, TX 75087 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/16/2024 \$26.03 STANLEY, Daphne Contributor address; City; State; Zip Code GARLAND, TX 75043 Principal occupation / Job title (See Instructions) Employer (See Instructions)

LOANS				SCHEDULE E
The Instructi	on Guide explains how to complete this t	form.		iges Schedule E: 1 Rpt: 7/19
2 FILER NAME Stanley, Stephe	en W. (Mr.)		3 Filer ID 000883	(Ethics Commission Filers) 343
⁴ TOTAL OF UI	NITEMIZED LOANS			\$
5 Date of loan 09/26/2024	7 Name of lender Out-of-state PA STANLEY, STEPHEN	AC (ID#:)	9 Loan Amount (\$) \$1,000.00
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
No	GARLAND, TX 75043			11 Maturity Date 06/30/2025
12 Principal occupat Realtor	ion / Job title (See Instructions)	13 Employer (See Instructions Self	6)	1
14 Description of Co	Ilateral	15 Check if personal funds we	ere deposited	l into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City; State;	Zip Code		
20 Principal occupat	ion	21 Employer (See Instructions	<u>.</u>	
	1011		<i>>)</i>	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
1	Sch: 1/12 Rpt: 8/19	Stanley, Stephen W. (Mr.)	00088343					
_	-		00000040					
4	Date	Payee name						
	08/26/2024	American Jewish Conservatives						
6	Amount (\$) \$310.60	Payee address; City; State; Zip Code 16817 Coit Rd						
		Dallas, TX 75248						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Ticket 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/29/2024	Battlefield Consulting						
_	Amount (\$)	Payee address; City; State; Zip Code						
	\$750.00	621 Liechty Ct. Rockwall, TX 75032						
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense I Sulting					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/11/2024	Buc-ee's						
	Amount (\$) \$27.00	Payee address;City;State;Zip Code4155 N General Bruce Dr						
		Temple, TX 76501						
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	mmittee	Event Expense Fees Food/Beverage Gift/Awards/Me Legal Services	Expense morials Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	ymer rheac pense pens ages	nt/Reimbursement I/Rental Expense e //Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2	FILER NAM	E					3	Filer ID	(Ethics Commission Filers)
	Sch: 2/12 Rpt: 9/19		Stanley, St	ephen W. (Mr.)					00088343	
4	Date	5	Payee name	;							
	09/06/2024		Campaign Financial Services LLC								
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de				
	\$700.00		1213 Ceda	r Cove Pl							
			Royse City	, TX 75189							
8	PURPOSE	(a)	Category (See Categories lis	sted at the top of this sch	nedule)	(b)	Description			
	OF		Accounting			iouuloy			outsi	ide of Texas. Corr	nplete Schedule T.
	EXPENDITURE		-							, officeholder living	g expense
								Administrativ	e S	Support	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Of	ficeholder na	me C	Office sou	ght			Office h	eld
	Date		Payee name	;							
	09/03/2024		Campaign	Partner							
	Amount (\$)	┝	Payee addre	ess; City;	State	; Zip Co	de				
	\$29.00		PO Box 11	•		, <u> </u>					
	Ψ20.00										
			Still River,	MA 07467							
	PURPOSE OF	(a)			sted at the top of this sch	nedule)	(b)	Description	outsi	ide of Texas. Com	nplete Schedule T.
	EXPENDITURE		Onice Ove	rhead/Renta	ai Expense					, officeholder living	
								Original Web	site	è	
	Complete ONLY if direct	(Candidate/Of	ficeholder na	me (Office soug	ght			Office h	eld
	expenditure to benefit C/OI	Н									
	Date		Payee name	;							
	08/05/2024		Campaign								
-	Amount (\$)		Payee addre		State	; Zip Co	de				
	\$29.00		PO Box 11		State	, 20 000	ac				
	Ψ23.00		10 0011	0							
			Still River,	MA 07467							
	PURPOSE	(a)	Category (s	See Categories lis	sted at the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE			rhead/Renta		-		Check if travel	outsi	ide of Texas. Com	nplete Schedule T.
	EAPENDIIUKE				-					, officeholder living	g expense
								Website Serv	/ice	e Fee	
	Complete ONLY if direct		Candidate/Of	ficeholder na	me (Office sou	ght			Office h	eld
	expenditure to benefit C/OI										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Off Pol ense Prii Sal	fice Overhe Iling Exper nting Expe laries/Wag	nse es/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 3/12 Rpt: 10/19	5	Stanley, Stephen W. (Mr.) 00088343						
4	Date	5 P	ayee name						
	07/03/2024		Campaign Partner						
6	Amount (\$)	7 P	Payee address; City; State; Zip Code						
	\$29.00	F	PO Box 118						
		s	till River, MA 07467						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website service fee 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office	e sough	t		Office he	ld
	Date	P	ayee name						
	09/06/2024	C	allas GOP						
	Amount (\$) \$77.92		ayee address; City; 1617 N Central Expy	State; Zi	ip Code	•			
	ΨT1.52	#	240 Dallas, TX 75243						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Printing Expense	of this schedule	_{e)} (t		, TX,	de of Texas. Comp officeholder living I ture	
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office	e sough	t		Office he	ld
	Date	P	ayee name						
	08/26/2024	1	allas GOP						
	Amount (\$) \$311.69	1	Payee address; City; 1617 N Central Expy 240 Dallas, TX 75243	State; Zi	ip Code			<u></u>	
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Printing Expense	o of this schedule	_{≥)} (t		, тх,	de of Texas. Comp officeholder living Ef	
	Complete ONLY if direct expenditure to benefit C/OF		ndidate/Officeholder name	Office	e sough	t		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide e	of Po Inse Pr Sa	ffice Overh olling Expe rinting Expe alaries/Wa	ense ges/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:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 4/12 Rpt: 11/19		Stanley, Stephen W. (Mr.)					00088343	
4	Date	5	Payee name						
	08/01/2024		Dallas GOP						
6	Amount (\$)	7	Payee address; City;	State; Z	Zip Code	9			
	\$1,050.00		11617 N Central Expy						
			#240						
			Dallas, TX 75243						
8	PURPOSE	(a)	Category (See Categories listed at the top	of this schedul	le) (I) Description			
	OF EXPENDITURE		Office Overhead/Rental Expens					ide of Texas. Complete Schedule T.	
						Data for vote		, officeholder living expense Dntact	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offic	ce sough	nt		Office held	
	Date		Payee name						
	09/25/2024		Expedia						
	Amount (\$)	┢	Payee address; City;	State; Z	Zip Code	9			
	\$102.96		1111 Expedia Group Way W						
			Seattle, WA 98119						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Travel Out of District	of this schedul	le) (I	Check if Austin	, тх,	ide of Texas. Complete Schedule T. , officeholder living expense el out of district	
	Complete ONLY if direct		Candidate/Officeholder name	Offic	ce sougl	nt		Office held	
	expenditure to benefit C/OF	Н							
	Date	Γ	Payee name						
	09/23/2024		Four Seasons						
	Amount (\$)	┢	Payee address; City;	State; Z	Zip Code	è			
	\$536.61		98 San Jacinto Blvd		•				
		-	Austin, TX 78701			<u> </u>			
	PURPOSE OF		Category (See Categories listed at the top Travel Out of District) of this schedul	le) (I	Description Check if travel	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Travel Out of District					, officeholder living expense	
						Lodging for tr	ave	el out of district	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offic	ce sougl	nt		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			head/Rental Expense ense pense ages/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:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 5/12 Rpt: 12/19		Stanley, Stephen W.	00088343					
4	Date 08/27/2024		Payee name Install Connect						
6	Amount (\$)	7	Payee address; City; State; Zip Code						
	\$1,750.00		505 State St Garland, TX 75040						
8	PURPOSE	<u> </u>				(b) Description			
ŏ	OF	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 4x4 Sign Placement and installation 						, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder r	name O	Office sou	ıht		Office held	
	Date		Payee name						
	08/12/2024		Keepers Press						
	Amount (\$)		Payee address; Cit	ty; State;	Zip Co	le			
	\$1,542.56		1905 Alpha Dr						
			#170						
			Rockwall, TX 75087						
	PURPOSE OF EXPENDITURE		Category _{(See Categories} Advertising Expense		edule)			ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder r	name O	Office sou	Jht		Office held	
F	Date		Payee name						
	09/11/2024		La Quinta						
	Amount (\$)		Payee address; Cit	ty; State;	Zip Co	le			
	\$99.45		300 E 11th St		·				
			Austin, TX 78701						
	PURPOSE OF EXPENDITURE		Category _{(See Categories} Office Overhead/Rer		edule)	Check if Austin	I, TX,	ide of Texas. Complete Schedule T. , officeholder living expense el out of district	
L	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder r	name O	Office sou	Jht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				nt/Reimbursement d/Rental Expense e se //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:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 6/12 Rpt: 13/19		Stanley, Stephen W. (Mr.)					00088343		
4	Date	5								
	09/11/2024		NAACP Garland							
6	Amount (\$)	7								
-	\$65.87	-	222 Carver Street							
			Garland, TX 75040							
8	DUDDOSE	(0)			(b)	Description				
ð	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch Event Expense	nedule)	(0)	Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Event Expense					officeholder living expense		
						Event Ticket				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	09/03/2024		Nayax Vending							
	Amount (\$)		Payee address; City; State	; Zip Co	ode					
	\$2.25		11350 McCormick Rd							
			Suite 1004							
			Hunt Valley, MA 21031							
	PURPOSE	(a)	-		(h)	Description				
	OF	(a)	Category (See Categories listed at the top of this sch Travel Out of District	nedule)		Description	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	, тх,	officeholder living expense		
						Parking				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ıght			Office held		
	expenditure to benefit C/Oł	-								
	Date		Payee name							
	09/03/2024		Nayax Vending							
	Amount (\$)		Payee address; City; State	; Zip Co	ode					
	\$2.25		11350 McCormick Rd							
			Suite 1004							
			Hunt Valley, MA 21031							
	PURPOSE	(a)	Category (See Categories listed at the top of this scl		(b)	Description				
	OF	(,	Travel Out of District	nedule)	()	•	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense		
						Parking				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ight			Office held		
	expenditure to benefit C/OF	1								

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
	Total pages Sabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
LT.	Total pages Schedule F1:								
	Sch: 7/12 Rpt: 14/19	Stanley, Stephen W. (Mr.) 00088343							
4	Date	5 Payee name							
	09/03/2024	Nayax Vending							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
ľ	\$2.25	11350 McCormick Rd							
	ΨΖ.ΖΟ								
		Suite 1004							
		Hunt Valley, MA 21031							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Travel Out of District							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Parking							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
-	expenditure to benefit C/Oł								
	_								
	Date	Payee name							
	09/05/2024	Neel & Partners							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,000.00	8601 Ice House Dr							
		#7108							
		North Richland Hills, TX 76180							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Website building, maintenance.							
		website building, maintenance.							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	experialitate to benefit 6/01								
	Date	Payee name							
	08/02/2024	Noon Exchange Club of Garland							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$50.00	PO Box 472791							
	\$30.00	FO B0X 472791							
		Garland, TX 75047							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Fee for event							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 8/12 Rpt: 15/19	Stanley, Stephen W. (Mr.) 00088343							
4	Date 09/26/2024	Payee name Office Depot							
6	Amount (\$) \$166.47	Payee address; City; State; Zip Code 5205 N Garland Ave Garland, TX 75040							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Literature							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/02/2024	Office Depot							
	Amount (\$) \$66.19	Payee address; City; State; Zip Code 5205 N Garland Ave Garland, TX 75040							
	PURPOSE OF EXPENDITURE	A) Category (See Categories listed at the top of this schedule) Printing Expense	nutside of Texas. Complete Schedule T. TX, officeholder living expense Erature						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/23/2024	Print Place							
	Amount (\$) \$142.20	Payee address;City;State;Zip Code1130 Avenue H E							
		Arlington, TX 76011							
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense Erature						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Fees Office Overhea Food/Beverage Expense Polling Expens Gift/Awards/Memorials Expense Printing Expens	e Travel Out of District /Contract Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	ILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 9/12 Rpt: 16/19	Stanley, Stephen W. (Mr.)	00088343					
4	Date 08/26/2024	5 Payee name Print Place						
6	Amount (\$) \$129.25	7 Payee address; City; State; Zip Code 1130 Avenue H E Arlington, TX 76011						
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Literature						
9	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held							
	Date	ayee name						
	09/03/2024	Roach Feed & Seed						
	Amount (\$) \$49.50	ayee address; City; State; Zip Code 09 Main St Garland, TX 75040						
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for event 						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held					
	Date Payee name							
	09/03/2024	Sam's Club						
	Amount (\$) Payee address; City; State; Zip Code \$113.68 5150 N Garland Ave							
	Garland, TX 75040							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Cood/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for parade					
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name Office sought	Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Od/Beverage Expense Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to 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:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 10/12 Rpt: 17/19	Stanley, Stephen W. (Mr.)	00088343					
4	Date 08/28/2024	5 Payee name Sam's Club						
6	Amount (\$) \$248.74	 Payee address; City; State; Zip Code 5150 N Garland Ave Garland, TX 75040 						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Tables, and supplies for event 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF							
	Date	Payee name						
	08/19/2024	Sam's Club						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$149.79	\$149.79 5150 N Garland Ave Garland, TX 75040						
PURPOSE OF EXPENDITURE			outside of Texas. Complete Schedule T. h, TX, officeholder living expense Paper					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/02/2024	Sam's Club						
	Amount (\$) Payee address; City; State; Zip Code \$227.26 5150 N. Garland Ave 5150 N. Garland Ave 5150 N. Garland Ave							
	Garland, TX 75040							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense DieS					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		-	orials Expense	Office Ove Polling Exp Printing Ex Salaries/W	e Overhead/Rental Expense g Expense ng Expense ies/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				3	Filer ID (Ethics Commission Filers)
	Sch: 11/12 Rpt: 18/19		Stanley, Stephen W. (M	r.)				00088343
4	Date 08/26/2024	5 Payee name Shoot Me Already						
_								
6	Amount (\$) \$1,000.00	 7 Payee address; City; State; Zip Code 4514 Edinburgh Dr Tyler, TX 75703 						
8	PURPOSE	(2)	Catagony			(b) Decoription		
0	OF	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Get out the vote program 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder nam	e C	Office sou	ıht		Office held
	Date		Payee name					
	09/26/2024		Stripe					
	Amount (\$)Payee address;City;State;Zip Code\$56.90354 Oyster Point Boulevard							
			South San Franciso, CA	494080				
	PURPOSE OF EXPENDITURE		Category (See Categories liste Accounting/Banking	d at the top of this sch	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense SSING feeS
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder nam	e C	Dffice sou	Jht		Office held
-	Date		Payee name					
	08/12/2024		Supreme Donuts					
	Amount (\$) \$31.44		Payee address; City; 6909 Rowlett Rd #104 Rowlett, TX 75089	State;	; Zip Co	le		
	PURPOSE OF EXPENDITURE		Category (See Categories liste Food/Beverage Expens	•	edule)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder nam	e C	Dffice sou	ıht		Office held

Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - I Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overhea Polling Expens Printing Expen	id/Rental Expense ie	Transportation Travel in Distric Travel Out of D			
	Credit Card Payment The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:					3 Filer ID	(Ethics Commission Filers)		
	Sch: 12/12 Rpt: 19/19	Stanley, St	ephen W. (Mr.)			00088343			
4	Date	5 Payee name							
	09/26/2024	WinRed							
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Code					
	\$1.03	1776 Wilso	n Blvd						
		#503							
		Arlington, V	/A 22209						
8	PURPOSE	(a) Category (S	ee Categories listed at the top of this so	chedule) (b)	Description				
	OF EXPENDITURE	Accounting	/Banking			outside of Texas. Cor n, TX, officeholder livin	•		
					Online Paym		g expense		
9	Complete ONLY if direct	Candidate/Of	iceholder name	Office sought		Office h	eld		
	expenditure to benefit C/OI	4							