


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:  <b>6</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI  MR.                      STAN                      A NICKNAME                      LAST                      SUFFIX  <b>PARKER</b>	<b>OFFICE USE ONLY</b>  Date Received   Date Hand-delivered or Date Postmarked  Receipt #                      Amount \$ Date Processed Date Imaged	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX,    APT / SUITE #,                      CITY,                      STATE,                      ZIP CODE <b>300 WASHINGTON BLVD, BIG SPRING, TX 79720</b>		
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION  ( 432 )    264-2231		
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI  MR                      CHARLIE                      R NICKNAME                      LAST                      SUFFIX  <b>LEWIS</b>		
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #,                      CITY:                      STATE:                      ZIP CODE <b>406 S RUNNELS                      BIG SPRING                      TX                      79720</b>		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION  ( 432 )    263-0276		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10</b> PERIOD COVERED	Month                      Day                      Year                      Month                      Day                      Year <b>01                      15                      2020                      THROUGH                      02                      03                      2020</b>		
<b>11</b> ELECTION	ELECTION DATE Month                      Day                      Year <b>03                      03                      2020</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12</b> OFFICE	OFFICE HELD (if any) <b>SHERIFF</b>	<b>13</b> OFFICE SOUGHT (if known) <b>SHERIFF</b>	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

STAN PARKER

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

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

BALANCE FORWARD

\$ 7,199.58

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 450.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9,600.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 16.46

4. TOTAL POLITICAL EXPENDITURES

\$ 9,303.21

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

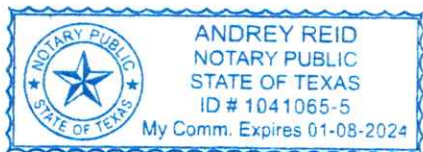
\$ 7,929.91

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 or Officeholder

Sworn to and subscribed before me, by the said Stan Parker, this the 10th day of February, 20 20, to certify which, witness my hand and seal of office.

Andrey Reid  
Signature of officer administering oath

Andrey Reid  
Printed name of officer administering oath

Justice Clerk  
Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 OF 2
2 FILER NAME <b>STAN PARKER</b>		3 Filer ID (Ethics Commission Filers)
4 Date 01-16-20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>DIANA NEWTON</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>2605 APACHE DR BIG SPRING TX 79720</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01-16-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>TAMMY GREEN</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>2609 CORONADO AVE BIG SPRING TX 79720</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01-21-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JOYCE PARKER</b>	Amount of contribution (\$) <b>3,000.00</b>
Contributor address; City; State; Zip Code <b>16211 CR 15 ACKERLY TX 79713</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01-30-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>STAN PARTEE</b>	Amount of contribution (\$) <b>5,000.00</b>
Contributor address; City; State; Zip Code <b>110 W 22ND ST BIG SPRING TX 79720</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 OF 2
2 FILER NAME <b>STAN PARKER</b>		3 Filer ID (Ethics Commission Filers)
4 Date 01-30-20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>RICHARD WRIGHT</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address: City: State: Zip Code <b>610 BAYLOR BLVD BIG SPRING TX 79720</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01-30-20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>CHRIS WILLINGHAM</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address: City: State: Zip Code <b>5400 WHITE SETTLEMENT RD WEATHERFORD TX 76087</b>		
Principal occupation / Job title (See Instructions)		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)
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)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>1</b> Total pages Schedule F1: <b>1 OF 2</b>	<b>2</b> FILER NAME <b>STAN PARKER</b>	<b>3</b> Filer ID (Ethics Commission Filers)
---	---	--

<b>4</b> Date <b>01-15-20</b>	<b>5</b> Payee name <b>DYNAMIC OUTDOOR MEDIA</b>
----------------------------------	---

<b>6</b> Amount (\$) <b>1,200.00</b>	<b>7</b> Payee address; City: State: Zip Code <b>4630 50TH ST LUBBOCK TX 79414</b>
---	---

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	<b>(b)</b> Description <b>BILLBOARD - ELECTRONIC</b>
	<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 <b>01-20-20</b>	Payee name <b>MULTIMEDIA ADVERTISING</b>
-------------------------	---

Amount (\$) <b>6,796.60</b>	Payee address; City: State: Zip Code <b>PO BOX 95 BIG SPRING TX 79721</b>
--------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>RADIO &amp; NEWSPAPER ADS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date <b>01-28-20</b>	Payee name <b>WILL B DUNN LLC</b>
-------------------------	--------------------------------------

Amount (\$) <b>902.50</b>	Payee address; City: State: Zip Code <b>609 HIGHLAND DR BIG SPRING TX 79720</b>
------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	Description <b>BILLBOARD</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### 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: 2 OF 2	<b>2</b> FILER NAME STAN PARKER	<b>3</b> Filer ID (Ethics Commission Filers)
---	------------------------------------	--

<b>4</b> Date 01-29-20	<b>5</b> Payee name JB GRAPHICS & SIGNS
---------------------------	--

<b>6</b> Amount (\$) 185.39	<b>7</b> Payee address; City; State; Zip Code 110 JOHNSON ST BIG SPRING, TX 79720
--------------------------------	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING	<b>(b)</b> Description BUSINESS 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 01-29-20	Payee name 24 HOUR WRISTBAND.COM
------------------	-------------------------------------

Amount (\$) 218.72	Payee address; City; State; Zip Code 14550 BEECHNUT ST FLAGSTAFF AZ 77083
-----------------------	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING	Description 16 oz STADIUM CUPS
	<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	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

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