CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	2 60 8	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
The C/OH Instruction G	uide explains how to complete this form.		4			
3 CANDIDATE/	XXXX MR FIRST	MI	OFFICE USE ONLY			
OFFICEHOLDER NAME	STAN	Α	- TO D			
NAME	NICKNAME LAST	Date Received				
	PARKER		FEB 2 A 2020			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	300 WASHINGTON BLVD BIG	SPRING, TX 79720	BY			
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (432) 264-2231	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	KXXXX MR FIRST CHARLIE	R	Receipt # Amount \$			
NAME	NICKNAME LAST	SUFFIX	Date Processed			
	LEWIS		Date Imaged			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #, CITY;	STATE: ZIP CODE			
TREASURER ADDRESS	406 S RUNNELS	BIG SPRING	TX 79720			
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	(432) PHONE NUMBER 263-0276	EXTENSION				
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 Sth day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD	Month Day Year	Month	Day Year			
COVERED	02 / 04 / 2020	THROUGH 02 /	21 / 2020			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
	Month Day Year Primary	Runoff Other Description				
	03 / 03 / 2020 General	Special				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1)			
	SHERIFF	SHERIFF				
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

N PARKER	1	5 Filer ID (Ethics Commission Filers)			
SUPPORT THE CAND KNOWLEDGE OR CO.	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I 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				
COMMITTEE TYPE	COMMITTEE NAME				
GENERAL					
SPECIFIC	COMMITTEE ADDRESS				
	COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TREASURER ADDRESS				
	BALANCE FORWARD	\$ 7,929.91			
PLEDG	ES, LOANS, OR GUARANTEES OF LOANS, OR	\$ 0.00			
		\$ 1,500.00			
3. TOTAL	UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00			
4. TOTAL	POLITICAL EXPENDITURES	\$ 347.00			
		\$ 9,082.91			
		* 0.00			
NOTARY PUBL STATE OF TEXA ID # 1041065-	true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me			
***********	08-2024 Signature of Canc	idate of Officeroider			
P/SEALABOVE	91 0-01/-0	N.H.			
	\$ C	, this the			
20 20,	to certify which, withess my hand and seal of office.				
administering oath	Printed name of officer administering oath	Title of officer administering oath			
	THIS BOX IS FOR IN SUPPORT THE CAND KNOWLEDGE OR CO. OF SUCH EXPENDITE. COMMITTEE TYPE GENERAL SPECIFIC 1. TOTAL PLEDG CONTR 2. TOTAL (OTHER 3. TOTAL 4. TOTAL 5. TOTAL FOR REP 6. TOTAL FLAST DATA ANDREY REINOTARY PUBLISTATE OF TEXA ID # 104 1065-My Comm. Expires 01-107 (Comm. Expires 01-107) P/SEALABOVE ribed before me, but the communication of the com	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WIT KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS BALANCE FORWARD 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST OF TEXAS ID # 104 1065-5 Aly Comm. Expires 01-08-2024 PISEALABOVE RIDDER OF TEXAS ID # 104 1065-5 Signature of Cancella Contributions of the Cancella Contributions of the Cancella Contributions of the Cancella Contributions of the Cancella Contributions of Canc			

TARY POLITICAL CONTRIBUTION	NS SCHEDULE A1
e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
STAN PARKER	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip	1,000.00 Code
404 MORGAN AVE BIG SPRING TX 79	720
supation / Job title (See Instructions) 9 Employer	(See Instructions)
Full name of contributor out-of-state PAC (ID# MARK BARR	, 5,,5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Contributor address; City; State; Zip	500.00 500.00
600 MATHEWS AVE BIG SPRING TX 79	720
upation / Job title (See Instructions) Employer	(See Instructions)
Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip	Code
upation / Job title (See Instructions) Employer	(See Instructions)
Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
Contributor address; City; State; Zip	
upation / Job title (See Instructions) Employer	(See Instructions)
	e Instruction Guide explains how to complete this form. STAN PARKER 5 Full name of contributor SHELLEY SMITH 6 Contributor address: City; State; Zip 404 MORGAN AVE BIG SPRING TX 79 Lupation / Job title (See Instructions) Full name of contributor Out-of-state PAC (ID#

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.

Date O2-07-20	Total pages Schedule F1:	2 FILER NAME STAN PARKER		3 Filer ID (Ethics Commission Filers)		
Amount (3) 200.00 7 Payee address; 600 N MAIN ST COAHOMA TX 79511 COAHOMA TX P9511 COAHOMA TX P9511	Date					
200.00 600 N MAIN ST COAHOMA TX 79511 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description OTHER ADVERTISING - AD Complete ONLY if direct expenditure to benefit C/OH Candidate / Office holder name Office sought Office sought Office held Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Office sought Office held Category (See Categories listed at the top of this schedule) Office sought Office held Office held Category (See Categories listed at the top of this schedule) Office sought Office held Office held Office held Candidate / Officeholder name Office sought Office held Office held Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Office sought Office held Office Category (See Categories listed at the top of this schedule) Office sought Office held	02-07-20	COAHOMA KINDERGARDEN R	ODEO			
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Occupiete ONLY if direct expenditure to benefit C/OH Date 02-10-20 Amount (\$) Payee address: PO BOX 95 Category (See Categories listed at the top of this schedule) Date Payee name ACTION OFfice held Candidate / Office held Candidate / Office held Description NEWSPAPER AD Candidate / Office held Date Payee address: Cotex (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Date Payee name Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Purpose Officeholder name Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if faveliouside of favas Complete Schedule To Check if Austin. TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held	OF	ADVERTISING	OTHER ADVERTISING - AD			
Date Payee name MULTIMEDIA		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	Check if Austin, TX, officeholder living expense		
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