

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:  <b>4</b>
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<del>XXXX</del> MR	FIRST <b>STAN</b>	MI <b>A</b>
	NICKNAME	LAST <b>PARKER</b>	SUFFIX
<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>		
	AREA CODE	PHONE NUMBER	EXTENSION
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	( <b>432</b> )	<b>264-2231</b>	
<b>6</b> CAMPAIGN TREASURER NAME	<del>XXXX</del> MR	FIRST <b>CHARLIE</b>	MI <b>R</b>
	NICKNAME	LAST <b>LEWIS</b>	SUFFIX
<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>		
	AREA CODE	PHONE NUMBER	EXTENSION
<b>8</b> CAMPAIGN TREASURER PHONE	( <b>432</b> )	<b>263-0276</b>	
<b>9</b> 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)		
<b>10</b> PERIOD COVERED	Month    Day    Year <b>02 / 04 / 2020</b>		Month    Day    Year <b>02 / 21 / 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>
<b>GO TO PAGE 2</b>			





# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1</b>
2 FILER NAME <b>STAN PARKER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02-18-20</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SHELLEY SMITH</b>	7 Amount of contribution (\$)  <b>1,000.00</b>
6 Contributor address; City; State; Zip Code <b>404 MORGAN AVE BIG SPRING TX 79720</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>02-18-20</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARK BARR</b>	Amount of contribution (\$)  <b>500.00</b>
Contributor address; City; State; Zip Code <b>600 MATHEWS AVE BIG SPRING TX 79720</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)

**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.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME STAN PARKER	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02-07-20	<b>5</b> Payee name COAHOMA KINDERGARDEN RODEO	
<b>6</b> Amount (\$) 200.00	<b>7</b> Payee address; 600 N MAIN ST	City; State; Zip Code COAHOMA TX 79511
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING	<b>(b)</b> Description OTHER ADVERTISING - AD
	<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 02-10-20	Payee name MULTIMEDIA	
Amount (\$) 147.00	Payee address; PO BOX 95	City; State; Zip Code BIG SPRING TX 79721
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING	Description NEWSPAPER AD
	<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