## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS MR FIRST	MI A	OFFICE USE ONLY		
NAME	NICKNAME LAST	SUFFIX	Date Received		
	PARKEN		- A Nel		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	300 WASHINGTON Blu Big Spring TX		10/3000		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  (432) 264- 2731	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR	N MI	Receipt # Amount \$		
NAME	NICKNAME LAST	SUFFIX	Date Processed		
	Lewis		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S		STATE; ZIP CODE		
(Residence or Business)	Big Spring Tx	74.150			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER  (422) 2 63- 0276	EXTENSION			
9 REPORT TYPE	January 15 30th day before e	Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 Sth day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	Month	Day Year		
	07/23/19	THROUGH	23 /2019		
11 ELECTION	ELECTION DATE  Month Day Year Primary	ELECTION TYPE			
	Month Day Year Primary  03/03/2020 General	Description			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)		
	Shazi ff	Sheriff	-		
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 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 OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
*		COMMITTEE CAMPAIGN TREASURER ADDRESS				
		BALANCE FORWARD	3,059.92			
17 CONTRIBUTION TOTALS	PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0.30			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,000,2			
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LES UNLESS ITEMIZED			\$ 0.90			
	4. TOTAL	\$ 0.90				
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	DAY \$ 8,059.92			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF AY OF THE REPORTING PERIOD	C-9-3			
18 AFFIDAVIT			)			
ANDREY REID NOTARY PUBLIC STATE OF TEXAS ID # 1041065-5 My Comm. Expires 01-08-2024						
My Com	пп. Сарнео о 1-00-202		didate or Officeholder			
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said Stein Parkle , this the, this the						
day of <u>Nanual</u> 20 20 , to certify which, witness my hand and seal of office.						
Undrey beid Andrey heid Justice Clerk						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

	MONET	ARY POLITICAL CONTRIB	SCHEDULE A1			
	The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1:		
2	FILER NAME	STAN PARKER	al al	3 Filer ID (Ethics Commission Filers)		
4	Date	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of contribution (\$)		
		STAN PARTEE  6 Contributor address; City; State of Big Spr.	20	5,0000		
8	Principal occu		Employer (See Instruct			
	Date	Full name of contributor	t)	Amount of contribution (\$)		
		Contributor address; City; S	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
	Date	Full name of contributor out-of-state PAC (ID#	#)	Amount of contribution (\$)		
		Contributor address; City; S	State; Zip Code			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
	Date	Full name of contributor out-of-state PAC (ID#	t)	Amount of contribution (\$)		
		Contributor address; City; S	State; Zip Code			
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					