3 cyd 12020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this	form. 1 Filer ID (Ethics Commission	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	J A	OFFICE USE ONLY
NAME	NICKNAME LAST		Date Received
	PARI	KFR	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE, ZIP CO	
5 CANDIDATE/	AREA CODE PHONE NUMBER	R EXTENSION	
OFFICEHOLDER PHONE	(432) 264-2231		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	,MI	Receipt # Amount \$
NAME	MR. STAN A NICKNAME LAST SUFFIX PARKER DATE / EHOLDER IG ESS te of Address DATE / EHOLDER IG AREA CODE PHONE NUMBER EXTENSION (432) 264-2231 AND WASHINGTON BLVD, BIG SPRING, TX 79720 Date Hand-delivered or E EXTENSION (432) 264-2231 AND WASHINGTON BLVD, BIG SPRING, TX 79720 Date Hand-delivered or E EXTENSION (432) 264-2231 Date Processed Date Processed Date Processed Date Imaged Date Imaged Date Imaged Date Imaged Date Imaged Date Processed Date Processed Date Processed Date Imaged Date Processed Date Processed Date Imaged Date Processed DATE / EMOS RUNNELS, BIG SPRING, TX 79720 AND SURER ESS S or Business) AREA CODE PHONE NUMBER EXTENSION AREA CODE PHONE NUMBER EXTENSION BURER (432) 263-0276 EXTENSION AREA CODE PHONE NUMBER EXTENSION DATE IN ADDRESS IMPORT		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)			STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE			
9 REPORT TYPE			15th day after campaign treasurer appointment (Officeholder Only) 00 limit Final Report (Attach C/OH - FR)
	3.5		
10 PERIOD COVERED	7 7	10	, ,
11 ELECTION	Month Day Year 03 03 2020	Primary Runoff Oth	
12 OFFICE	OFFICE HELD (if any) SHERIFF	13 OFFICE SOUGHT SHERIFF	(if known)
	G	O TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME STA	N PARKER	1	15 Filer ID (Eth	ics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI JRES.	THOUT THE CANDIL	DATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		BALANCE FORWARD	\$	8,059.92
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED		AN \$	0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,000.00
EXPENDITURE TOTALS	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	88.64
	4. TOTAL POLITICAL EXPENDITURES		\$	3,771.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$	7,199.58
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$	0.00
18 AFFIDAVIT				
STATE OF THE MY	ANDREY REID NOTARY PUBLIC STATE OF TEXAS ID # 1041065-5 Comm. Expires 01-08	Itu tal	ormation require	d to be reported by me
AFFIX NOTARY STAM	P/SEALABOVE			
Sworn to and subsc	0 -	by the said Stan Parker	, this t	he 14th
day of	2R.120 20.	to certify which, witness my hand and seal of office.		
Signature of officer a	administering oath	Ondrey Reid Printed name of officer administering oath	Title of off	Cluzk icer administering oath

	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	STAN PARKER	3 Filer ID (Ethics Commission Filers)
4 Date 11/01/19	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 500.00
	6 Contributor address; City; State; Zip Code	
	2701 S GREGG ST BIG SPRING, TX 79720	
8 Principal occ	supation / Job title (See Instructions) 9 Employer (See Instructions)	uctions)
Date 12/27/19	Full name of contributor	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code	•
	BOX 385 COAHOMA, TX 79511	
Principal occu	upation / Job title (See Instructions) Employer (See Instru	uctions)
Date 12/27/19	Full name of contributor	Amount of contribution (\$) 1,000.00
	Contributor address; City; State; Zip Code	
	BOX 848 BIG SPRING, TX 79721	
Principal occu	upation / Job title (See Instructions) Employer (See Instru	uctions)
Date 12/27/19	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
	BOX 2940 BIG SPRING, TX 79721	
Principal occu	upation / Job title (See Instructions) Employer (See Instru	uctions)

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

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)

Orodi, Odraf Symon	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 1 OF 2	2 FILER NAME STAN PARKER		3 Filer ID (Ethic	s Commission Filers)
4 Date 11-09-19	5 Payee name HOWARD COUNTY REPUBL	ICAN DARTY		
6 Amount (\$) 750.00	7 Payee address;	City;	State;	Zip Code
730.00	600 E 3RD ST	BIG SPRING,	TX	79720
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description FILING FEE		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX. officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12-03-19	FAMILY DOLLAR			
Amount (\$) 233.82	Payee address; 511 S GREGG ST	BIG SPRING,	State; TX	Zip Code 79720
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING Description CANDY OF X-MAS PARADE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX. afficeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		· · ·	
12-05-19	JB GRAPHICS & SIGNS			
Amount (\$) 253.74	Payee address;	City;	State;	Zip Code
	110 JOHNSON ST	BIG SPRING,	TX	79720
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description CAMPAIGN BANNERS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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	S SCHEDULE AS NEE	EDED	



SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense 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/Fundralsing 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.			
Total pages Schedule F1: 2 OF 2	2 FILER NAME STAN PARKER			s Commission Filers)	
Date	5 Payee name				
12-07-19	TOMMY DIXON				
Amount (\$) 1,000.00	7 Payee address;	City;	State;	Zip Code	
	11049 W HOFFMAN DR	ODESSA,	T <u>X</u>	79764	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description CARRIAGE FO	OR X-MAS PA	RADE	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	f Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought		Office held	
Date 01-03-20	Payee name JB GRAPHICS & SIGNS				
Amount (\$) 582.79	Payee address; 110 JOHNSON ST	BIG SPRING,	State; TX	Zip Code 79720	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DVERTISING Description CAMPAING BANNERS				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
01-06-20	CAMPAIGN GRAPHICS				
Amount (\$) 951.35	Payee address;	City;	State;	Zip Code	
	1229N WAKONDA ST	FLAGSTAFF,	AZ	86004	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING Description CAMPAIGN YARD SIGNS		s		
	Check if travel outside of Texas Complete Schedule T.	Check if Austin. TX, officeholder living expense			
	One of the other o				