

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

12

### OFFICE USE ONLY

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI

Mr. Robert L

NICKNAME LAST SUFFIX

Bob STAPP JR.

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

905 TODD RD.  
BIG SPRING TX. 79720.

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(432) 213 3861

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI

Mrs Debra E

NICKNAME LAST SUFFIX

Wallace

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

508 JEFFERY RD. Big Spring TX 79720

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(417) 274-0473

9 REPORT TYPE

- January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)
- July 15     8th day before election     Exceeded Modified Reporting Limit     Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
10 / 22 / 21 THROUGH 1 / 15 / 22

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year  Primary  Runoff  Other Description

3 / 1 / 22  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

County Judge

14 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.

Additional Pages

COMMITTEE TYPE COMMITTEE NAME

GENERAL COMMITTEE ADDRESS

SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

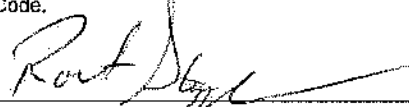
**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

**15 C/OH NAME** Robert L STAPP JR. **16 Filer ID (Ethics Commission Filers)**

<b>17 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b>	\$
	<b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	\$ <u>995.00</u>
<b>EXPENDITURE TOTALS</b>	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURE</b>	\$
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ <u>7279.06</u>
<b>CONTRIBUTION BALANCE</b>	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</b>	\$ <u>1254.45</u>
<b>OUTSTANDING LOAN TOTALS</b>	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ <u>1075.00</u>

**18 SIGNATURE** 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

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ (month) (year).

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 995. <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 1075. <sup>00</sup>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 7279. <sup>00</sup>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2</b>
2 FILER NAME: <b>Robert STAPP JR.</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10-22-21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Allen Moeris</b>	7 Amount of contribution (\$) <b>25.00</b>
6 Contributor address; City; State; Zip Code <b>2708 Carol Big Spring TX 79726</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12-27-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Charles Celuzet</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>2895 Los Osos Dr. Fort Worth, TX 76131</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <del>12-27-21</del> <b>12-27-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>MARVIN Boyd</b>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>604 E. 3rd Big Spring TX 79720</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12-29-21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>William STAPP</b>	Amount of contribution (\$) <b>\$400.00</b>
Contributor address; City; State; Zip Code <b>5509 Longshore Big Spring TX 79726</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>SELF</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>2</u>
2 FILER NAME <u>Robert STAPP JR.</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1-14-22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Willie Rargell</u>	7 Amount of contribution (\$)  <u>20.00</u>
6 Contributor address; City; State; Zip Code <u>1704 W 3<sup>rd</sup> Big Spring TX 79720</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

# LOANS

# SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME <b>Robert L. STAPP JR.</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>11-23-21</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>ROBERT STAPP JR.</b>	9. Loan Amount (\$) <b>1075.00</b>
6 Is lender a financial institution? <b>Y <input checked="" type="radio"/> N <input type="radio"/></b>	8 Lender address; City; State; Zip Code <b>905 Todd Rd. Big Spring TX 75720</b>	10 Interest rate <b><del>0</del></b>
		11 Maturity date <b><del>0</del></b>
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan:	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <b>Y N</b>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### 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 G:	<b>2</b> FILER NAME Robert L. STAPP JR	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11-26-21	<b>5</b> Payee name Uline	
<b>6</b> Amount: (\$) 103.34 <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address: <span style="float:right">City: State: Zip Code:</span> Uline . Com.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description STAKES.
	<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 Robert L. STAPP JR.	Office sought County Judge
	Office held	
<b>Date</b> 11-26-21	<b>Payee name</b> Signs on the Cheap	
<b>Amount (\$)</b> 411.79 <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address:</b> <span style="float:right">City: State: Zip Code:</span> Signs on the Cheap . Com.	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Exp.	<b>Description</b> Signs.
	<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 Robert L. STAPP JR.	Office sought County Judge.
	Office held	
<b>Date</b> 11-28-21	<b>Payee name</b> You print . Com	
<b>Amount (\$)</b> 71.34 <input type="checkbox"/> Reimbursement from political contributions intended	<b>Payee address:</b> <span style="float:right">City: State: Zip Code:</span> You print . Com	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Exp.	<b>Description</b> Cards
	<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 Robert L. STAPP JR.	Office sought County Judge
	Office held	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

1 Total pages Schedule G:		2 FILER NAME <b>ROBERT STAPP JR.</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/18/21</b>		5 Payee name <b>BANNERS on the Cheap</b>			
6 Amount (\$) <b>207.16</b> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: <b>BANNERS on the Cheap.com</b> City: State: Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Adv. Exp.</b>		(b) Description <b>Sigs.</b>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>ROBERT STAPP JR.</b>		Office sought <b>County Judge</b>	
Date <b>12-8-21</b>		Payee name <b>Sigs on the Cheap</b>			
Amount (\$) <b>413.18</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: <b>Sigs on the Cheap.com</b> City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Adv. Exp.</b>		Description <b>Sigs.</b>	
		<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 <b>ROBERT STAPP JR.</b>		Office sought <b>County Judge.</b>	
Date <b>12/18/21</b>		Payee name <b>Utime</b>			
Amount (\$) <b>95.77</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: <b>Utime.com</b> City: State: Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Adv. Exp.</b>		Description <b>STAKES.</b>	
		<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 <b>ROBERT STAPP JR.</b>		Office sought <b>County Judge</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

## 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>ROBERT STAPP JR.</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12-16-21</b>	5 Payee name <b>Signs on the Cheap</b>	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>1,184.89</b>	7 Payee address; City; State; Zip Code <b>Signs on the Cheap, Com.</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Adv. Exp.</b>	(b) Description <b>Signs.</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9. Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>ROBERT STAPP JR.</b>	Office sought / Office held <b>County Judge</b>
Date <b>12-16-21</b>	Payee name <b>Signs on the Cheap</b>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended <b>310.72</b>	Payee address; City; State; Zip Code <b>Signs on the Cheap, Com</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Adv. Exp</b>	Description <b>Signs.</b>
	<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 <b>ROBERT STAPP JR.</b>	Office sought / Office held <b>County Judge</b>
Date <b>12/16-21</b>	Payee name <b>Magnets on the Cheap</b>	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>Magnets on the Cheap, Com</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Adv. Exp.</b>	Description <b>One Signs.</b>
	<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 <b>ROBERT STAPP JR.</b>	Office sought / Office held <b>County Judge</b>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### 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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: _____		2 FILER NAME <i>Robert STAPP JR.</i>		3 Filer ID (Ethics Commission Filers) _____	
4 Date <i>12/17/01</i>		5 Payee name <i>Magnet on the Cheap</i>			
6 Amount (\$) <i>20.78</i> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: <i>Magnet on the Cheap. Com.</i> City: _____ State: _____ Zip Code: _____			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Adv. Exp.</i>		(b) Description <i>Car Signs.</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Robert STAPP JR.</i>		Office sought <i>County Judge.</i>	
Date <i>12/21/01</i>		Payee name <i>Magnet on the Cheap</i>			
Amount (\$) <i>196.40</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: <i>Magnet on the Cheap Com.</i> City: _____ State: _____ Zip Code: _____			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Adv. Exp.</i>		Description <i>Car Signs</i>		
	<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 <i>Robert STAPP JR.</i>		Office sought <i>County Judge.</i>	
Date <i>12/28/01</i>		Payee name <i>Signs on the Cheap</i>			
Amount (\$) <i>105.78</i> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: <i>Signs on the Cheap. Com.</i> City: _____ State: _____ Zip Code: _____			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Adv. Exp.</i>		Description <i>Signs.</i>		
	<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 <i>Robert STAPP JR.</i>		Office sought <i>County Judge.</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

### 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         | Printing Expense               | Travel In District                          |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                      |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | Other (enter a category not listed above)   |
| Credit Card Payment                        |                               |                                |   |

The Instruction Guide explains how to complete this form.

1 Total pages: Schedule G:	2 FILER NAME <b>Robert A. STAPP JR.</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12/29/21</b>	5 Payee name <b>Barriers on the Cheap</b>
---------------------------	--

6 Amount (\$) <b>544.47</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <b>Barriers on the Cheap, Com</b>	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <b>Adv. Exp.</b>	(b) Description: <b>SIGNS</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: <b>Robert STAPP JR.</b>	Office sought: <b>County Judge</b>	Office held:
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Date <b>12/29/21</b>	Payee name: <b>Barriers on the Cheap</b>
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Amount (\$) <b>135.04</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: <b>Barriers on the Cheap, Com</b>	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Adv. Exp.</b>	Description: <b>Barriers</b>
	<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: <b>Robert STAPP JR.</b>	Office sought: <b>County Judge</b>	Office held:
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Date <b>12/29/21</b>	Payee name: <b>Vista Print</b>
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Amount (\$) <b>40.50</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: <b>Vista Print, Com</b>	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Adv. Exp.</b>	Description: <b>CARDS</b>
	<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: <b>Robert STAPP JR.</b>	Office sought: <b>County Judge</b>	Office held:
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

If the requested information is not applicable, DO NOT include this page in the report.

### 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         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                |                                | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>ROBERT STAPP JR.</b>	3 Filer ID (Ethics Commission Filers)
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4 Date: <b>12/30/21</b>	5 Payee name <b>Choice Media</b>
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6 Amount (\$) <b>2,850</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <b>Dynamic Outdoor Media, Com</b>	City:	State:	Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <b>Advertising Exp.</b>	(b) Description: <b>Bill Board.</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense.

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: <b>Robert STAPP JR.</b>	Office sought: <b>County Judge</b>	Office held:
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Date: <b>1/12/22</b>	Payee name: <b>Uline</b>
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Amount (\$) <b>99.77</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: <b>Uline. Com</b>	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Adv. Exp.</b>	Description: <b>STAKES</b>
	<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: <b>Robert STAPP JR.</b>	Office sought: <b>County Judge.</b>	Office held:
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Date: <b>12-13-21</b>	Payee name: <b>Howard Co. Republican Party</b>
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Amount (\$) <b>750.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address:	City:	State:	Zip Code:
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <b>Fee</b>	Description: <b>Filing Fee</b>
	<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: <b>Robert STAPP JR.</b>	Office sought: <b>County Judge</b>	Office held:
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED