

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 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.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

STEPHANIE WILSON

COMMITTEE ADDRESS

P.O. BOX 14244
ARL TX 76094

COMMITTEE CAMPAIGN TREASURER NAME

~~ARL~~ ALETHA WILSON

COMMITTEE CAMPAIGN TREASURER ADDRESS

P.O. BOX 14244 ARL TX 76094

additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ ~~1800.00~~ ^{0.00}

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 100.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 3000.00

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 3100.00

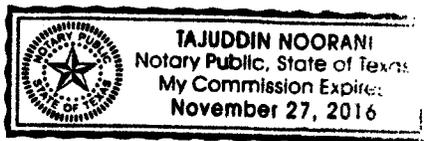
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ ~~3100.00~~ ^{0.00}

19 AFFIDAVIT

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.



[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Stephanie Wilson, this the 27th day of October, 20 14, to certify which, witness my hand and seal of office.

Tajuddin Noorani
Signature of officer administering oath

Tajuddin Noorani
Printed name of officer administering oath

Notary
Title of officer administering oath

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.	1 Total pages Schedule B:
---	---------------------------

2 FILER NAME <i>STEPHANIE WILSON</i>	3 ACCOUNT # (Ethics Commission Filers)
---	--

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date <i>10/24/14</i>	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ARVEDA BYNER</i>	8 Amount of pledge (\$) <i>100.00</i>	9 In-kind description (if applicable) <i>DONATION</i>
7 Pledgor address; City; State; Zip Code <i>ALLOWAY TX 76119</i>		(If travel outside of Texas, complete Schedule T)	

10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
--	--------------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule E:

2 FILER NAME **STEPHANIE WILSON** 3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$

5 Date of loan **10/20/14** 7 Name of lender **SELF** out-of-state PAC (ID#: _____) 9 Loan Amount (\$) **3000.00**

6 Is lender a financial Institution? **Y** **N** 8 Lender address; City; State; Zip Code 10 Interest rate
11 Maturity date

12 Principal occupation / Job title (See Instructions) **CSU** 13 Employer (See Instructions)

14 Description of Collateral none **BANK ACCT** 15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION not applicable 17 Name of guarantor **SELF** 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 out-of-state PAC (ID#: _____) Loan Amount (\$)
Is lender a financial Institution? Lender address; City; State; Zip Code Interest rate
Y N Maturity date

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Description of Collateral none Check if personal funds were deposited into political account

GUARANTOR INFORMATION not applicable Name of guarantor Amount Guaranteed (\$)
Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions) Employer (See Instructions)

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

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME STEPHANIE WILSON	3 ACCOUNT # (Ethics Commission Filers)
----------------------------------	---	---

4 Date 10/18/14	5 Payee name JM PRINTS
---------------------------	----------------------------------

6 Amount (\$) 375. ⁰⁰	7 Payee address; City; State; Zip Code
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) POST CARDS/PERK	(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN
---------------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 10/23/14	Payee name PRINT STARTS CASH
-------------------------	--

Amount (\$) 2200. ⁰⁰	Payee address; City; State; Zip Code
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADV	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 10/27/14	Payee name HFF INS
-------------------------	------------------------------

Amount (\$) 40. ⁰⁰	Payee address; City; State; Zip Code
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) NOTARY	Description (If travel outside of Texas, complete Schedule T) PICK FINANCIAL
-------------------------------	---	--

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
--------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
-------------------------------	---	--

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