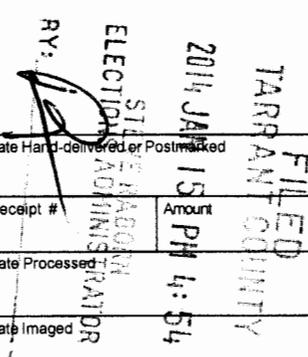


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR <input checked="" type="checkbox"/>	FIRST STEPHANIE	MI LORAIN	OFFICE USE ONLY Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged 		
	NICKNAME	LAST WILSON	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT/SUITE#:	CITY:		STATE:	ZIP CODE:
<input type="checkbox"/> change of address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR <input checked="" type="checkbox"/>	FIRST ALETHA	MI			
	NICKNAME	LAST WILSON	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (residence or business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year	
	/	/	2013		01/15/2014	
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE			
	03/04/2014		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)			
			JUSTICE OF THE PEACE, PRECINCT 8			
GO TO PAGE 2						

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

14 C/OH NAME STEPHANIE WILSON 15 ACCOUNT # (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 / 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
PO BOX 14244
76094

COMMITTEE CAMPAIGN TREASURER NAME
ALBHA WILSON

COMMITTEE CAMPAIGN TREASURER ADDRESS
PO BOX 14244
ARLINGTON TX 76094

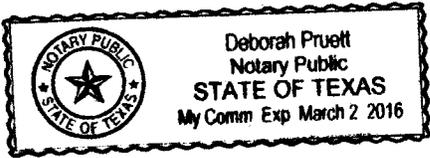
additional pages

FILED
TARRANT COUNTY
2014 JAN 15 PM 4:54
ELECTIONS DIVISION
STATE ADMINISTRATOR

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>5350.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>700.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>8000.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>5350.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>7350.00</u>

18 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.



[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Stephanie Wilson, this the 15th day of January, 20 14, to certify which, witness my hand and seal of office.

[Signature] Deborah Pruett Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

STEPHANIE L. WALSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

9/5/13

5 Full name of contributor out-of-state PAC (ID# _____)

J W HAMILTON

7 Amount of contribution (\$)

20.⁰⁰

8 Kind of contribution description (if applicable)

6 Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

RETIRED

10 Employer (See Instructions)

Date

9/5/13

Full name of contributor out-of-state PAC (ID# _____)

TC BYNER

Amount of contribution (\$)

20.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

9/5/13

Full name of contributor out-of-state PAC (ID# _____)

BOBBY J VALLEY

Amount of contribution (\$)

20.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

9/5/13

Full name of contributor out-of-state PAC (ID# _____)

LEE DULBY

Amount of contribution (\$)

20.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

9/5/13

Full name of contributor out-of-state PAC (ID# _____)

ALETHA WILSON

Amount of contribution (\$)

400.⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

PO BOX 14244 ARL TX 76094

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

U.S. FED. GOV

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME STEPHAN B. WILSON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/19/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Dickerson	7 Amount of contribution (\$) 250.⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) PRINTMASTERS		10 Employer (See Instructions)	
Date 9/5/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alice Wilson	Amount of contribution (\$) 500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 12/4/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coryta Lockett	Amount of contribution (\$)	In-kind contribution description (if applicable) 700.⁰⁰ VAN ACCESS
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CLOCKETT (A)		Employer (See Instructions) TX DEMOCRATS.ORG	
Date 9/30/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phelicia Zachary	Amount of contribution (\$) 500.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) UNEMPLOYED	
Date 11/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alton Jarnon	Amount of contribution (\$) 20.⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) DELTA AIR LINES	

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 TARRANT COUNTY
 2014 JAN 15 PM 4:55
 CLERK OF COUNTY CLERK
 TEXAS LABORATOR
 ETHICS ADMINISTRATION

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

2 FILER NAME

STEPHANIE L. WILSON

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

10/1/13

7 Name of lender

STEPHANIE L. WILSON

out-of-state PAC (ID# _____)

9 Loan Amount (\$)

\$10,000.00

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

PO BOX 14244 ARLINGTON TX 76094

10 Interest rate

11.99

11 Maturity date

11/5/14

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

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?

Y N

Lender address; City; State; Zip Code

Interest rate

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

Name of guarantor

Amount Guaranteed (\$)

not applicable

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.

FILED
TARRANT COUNTY
2014 JAN 15 PM 1:00
TELEVISION ADMINISTRATION
LEONARD

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 Candidate/Officeholder/Political Committee |
| Event Expense | Polling Expense | Travel Out Of District | OTHER (enter a category not listed above) |
| Fees | Printing Expense | Office Overhead/Rental Expense | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME STEPHANIE L WILSON	3 ACCOUNT # (Ethics Commission Filer)
4 Date 11/25/13	5 Payee name UM PRINTS	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CAMPAIGN	(b) Description (If travel outside of Texas, complete Schedule T) T SHIRTS LAYOUT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name STEPHANIE L WILSON	Office sought JP, PCT 8
		Office held N/A
Date 12/15/13	Payee name PRINTMASTERS	
Amount (\$) 800.00	Payee address; City; State; Zip Code LANCASTER 76119	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) FLYERS / SIGNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name STEPHANIE L WILSON	Office sought JP, PCT 8
		Office held N/A
Date 12/23/13	Payee name DAN L. WYDE & ASSOC.	
Amount (\$) 4500.00	Payee address; City; State; Zip Code 10100 N. CENTRAL EXPWY STE 590 DALLAS TX 75231	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) LEGAL SERVICES
Complete ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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, Officer/Member/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 G:	2 FILER NAME STEPHANIE L. Wilson	3 ACCOUNT #
---------------------------	--	-------------

4 Date 11/17/13	5 Payee name FIREHOUSE GRACE
---------------------------	--

6 Amount (\$) 1200.⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3201 VAUGHN ST 76105
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) FOOD/DJ/WORKERS/GAS PARTY FAVORS
--------------------------	--	--

Date 12/18/13	Payee name TENANTS AMBASSADORS APTS.
-------------------------	--

Amount (\$) 500.⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 511 TIERNEY
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Party 200 DINNERS	Description (If travel outside of Texas, complete Schedule T) FOOD DINNER GUEATWAY
------------------------	--	--

Date 12/20/13	Payee name DOROTHY MALUNGA
-------------------------	--------------------------------------

Amount (\$) 300.⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 511 TIERNEY FTX TX 76112
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Circulator Campaign WORKER	Description (If travel outside of Texas, complete Schedule T) GAS/FOOD/Building
------------------------	---	---

Date 12/6/13	Payee name Alvida Byner
------------------------	-----------------------------------

Amount (\$) 650.⁰⁰ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2416 Alloway 76119
---	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Circulator Campaign WORKER	Description (If travel outside of Texas, complete Schedule T) TICKETS/GAS/FOOD
------------------------	---	--

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