## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 1

			and the second s
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 FIRST	MI	OFFICE USE ONLY  Date Received
IVAIVIE	NICKNAME TEPHAN (	き SUFFiX	m C C
	NICKNAME STEPHAN (	)	FE TARR
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY	STATE: ZIP CODE	Date Hand-delivered or Postmarked
change of address			Receipt #\ Amount
5 CANDIDATE/ OFFICEHOLDER PHONE			Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR A FIRST	MI:	Date Imaged
NAME	NICKNAME LAST	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE	#; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE			
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 \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUG	Month Day	Year
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year		
	1) / 04/14 Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known	THE PEACE
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPEND CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMA		
BY OTHER INDIVIDUALS	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip	Code	
additional pages	and the state of t		
	L		
	GO TO PA	AGE 2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

	<u> </u>			
15 C/OH NAME		16 AC	COUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY PO HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RE	OR OFFICEHOLDER'S KNOWLEDGE OR	
COMMITTEE(G)	COMMITTEE TYPE	COMMITTEE NAME		
	COMMITTEE TYPE	02-11/2 = 171/20		
	GENERAL	STEPHANCE WILLS	C ACT	
		COMMITTEE ADDRESS		
	SPECIFIC	POBOX (4349		
		HRI TX 76094		
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		ARETHA	MICON	
		COMMITTEE CAMPAIGN TREASURER ADDRESS POBMO (4244 ARI	TX 76894	
18 CONTRIBUTION	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	1. 1 400	
TOTALS	PLEDGE	S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1800 600	
	2 TOTAL	POLITICAL CONTRIBUTIONS		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 100,00	
EVOENDITUDE			7-00	
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 STATES			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			
19 AFFIDAVIT				
		I swear, or affirm, under penalty of perjur is true and correct and includes all inform me under Title 15, Election Code.		
Notal	<b>AJUDDIN NOOR</b> AN ry <b>Public</b> , State of 1	exts		
My Commission Expire: November 27, 2016				
Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said APDWWIE WISO. this the				
day of October, 20 14, to certify which, witness my hand and seal of office.				
TOUDDIN 1 Signature of officer adm	Wuxumi inistering oath	Tyvadin Nuvan; W	If (NV )	

P.O. Box 12070

PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	dule B:
2 FILER NAME	STEPHANIE WIC	-59V	3 ACCOUNT # (Eth	nics Commission Filers)
4 TOTA	AL OF UNITEMIZED PLEDGES:	D D D	\$ \$	\$
5 Date ) 0/24/14	Full name of pledgor ☐ out-of-state PAC(ID#		pledge (\$)	9 In-kind description (if applicable)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See In	<u> </u>	Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC(ID#		Amount of pledge (\$)	In-kind description (if applicable)
Scincipal accum		Employer (See I		Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See II		F 53
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See I		CO - C
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
If c	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instru			requirements.

LOANS				SCHEDULE E
The Instruction Guide explains how to complete this form.			ages Schedule E:	
2 FILER NAME	TEPHANIE WILS	a)U	3 ACCOL	JNT # (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:	<del>+</del> + + + + + + + + + + + + + + + + + +	⇒	\$
5 Date of loan 10/2014	7 Name of lender	out-of-state PAC (ID#:		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N				11 Maturity date
12 Principal occupati	on Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Col	lateral BANK ACCT	15 Check if personal funds were	e deposited	d into political account
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	· · · · ·	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	<del>*</del>	70 TAR
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			and address	Maturity date
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)	MA start	-
Description of Coll	ateral	Check if personal funds were	deposited	I into political account
none				· · · · · · · · · · · · · · · · · · ·
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City:	State; Zip Code		
Principal Occupat	I ion (See Instructions)	Employer (See Instructions)		
if len	ATTACH ADDITIONAL COP der is out-of-state PAC, please see inst	IES OF THIS SCHEDULE AS NEI		quirements.

#### **POLITICAL EXPENDITURES**

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/Ci Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F  The Instruction Guide explains how to	ontract Labor alsing Expense  Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Commit Rental Expense  Committee Commi	ttee
1 Total pages Schedule F:	2 FILER NAME STEPH ANIS	3 ACCOUNT #XEthics Commission Fi	,
4 Date / 0 / 19/14	5 Payee name /M PUNCS		T)
6 Amount (\$) 375.	7 Payee address; City; State; Zip Code		Table 1
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date   23   14   Amount (\$)	Payee Address; City; State; Zip Code	CHP	
2200,			
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/O	Candidate / Officeholder name H	Office sought Office held	
Date 10/27/14	Payee/name (, /NS		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)  WITHE	Description (If travel outside of Texas, complete Schedule T)  DLE FINANCIAL	
Complete ONLY if direct expenditure to benefit C/O	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/C	Candidate / Officeholder name DH	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	