

# 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:						
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) / MR <u>Stacey L.</u> FIRST MI NICKNAME <u>Wilson</u> LAST SUFFIX	<div style="text-align: center; border: 2px solid blue; padding: 5px; font-weight: bold; color: blue; font-size: 1.2em;">RECEIVED</div> <p style="text-align: center; color: red; font-weight: bold;">APR 26 2024</p> <p style="text-align: center; color: blue; font-weight: bold;">ADMINISTRATION DEPARTMENT CITY OF HARKER HEIGHTS, TEXAS</p> <p style="text-align: center; color: blue; font-weight: bold;">By <u>W. Padhi</u></p> <p style="text-align: center; font-size: 0.8em;">Date Hand-delivered or Date Postmarked</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$								
Date Processed									
Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE [REDACTED]								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]								
6 CAMPAIGN TREASURER NAME	MS (MRS) / MR <u>Anita M.</u> FIRST MI NICKNAME <u>Shaw</u> LAST SUFFIX								
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <u>4703 Moose Ridge Court Killeen, Texas 76542</u>								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(253) 861-6020</u>								
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)								
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <u>03/26/2024</u> <u>04/24/2024</u>								
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <u>05/04/2024</u> <input type="checkbox"/> General <input type="checkbox"/> Special <u>Uniform Election</u>								
12 OFFICE	OFFICE HELD (if any) <u>Councilmember Place 2</u>	13 OFFICE SOUGHT (if known) <u>Councilmember Place 2</u>							
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.								
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS							

GO TO PAGE 2

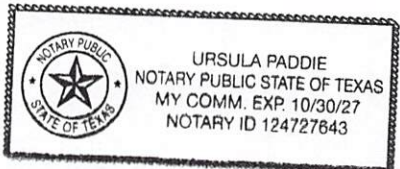
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 540.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2212.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4616.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

*Stacey L. Wilson*  
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Stacey L. Wilson this the 26th day of April, 2024, to certify which, witness my hand and seal of office.

Ursula Paddie Signature of officer administering oath  
Ursula Paddie Printed name of officer administering oath  
Asst. City Secretary 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 checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 540.00
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	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 23.79
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2188.57
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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: <u>1</u>
2 FILER NAME <u>Stacey L. Wilson</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>03/27/2024</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>LaShavio Little</u>	7 Amount of contribution (\$) <u>\$140.00</u>
6 Contributor address; City; State; Zip Code <u>8705 Fallen Leaf Ln Temple, Tx 76502</u>		
8 Principal occupation / Job title (See Instructions) <u>Retired</u>		9 Employer (See Instructions)
Date <u>04/01/2024</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Dorothy Grogan - Gardner</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code <u>4611-B Hitchrock Drive Killeen, TX 76549</u>		
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)
Date <u>04/02/2024</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>James Dukes III</u>	Amount of contribution (\$) <u>\$300.00</u>
Contributor address; City; State; Zip Code <u>401 Winter Sun Drive Harker Heights, TX 76548</u>		
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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.

1 Total pages Schedule F1:	2 FILER NAME <i>Stacey L. Wilson</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>03-27-2024</i>	5 Payee name <i>La Shavio Little</i>
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6 Amount (\$) <i>\$7.68</i>	7 Payee address; City; State; Zip Code <i>8705 Fallen Leaf Ln Temple, Texas 76502</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Donate way</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>Stacey L. Wilson</i>	Office sought <i>Councilmember Place 2</i>	Office held
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Date <i>04-02-2024</i>	Payee name <i>James Dukes III</i>
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Amount (\$) <i>\$16.11</i>	Payee address; City; State; Zip Code <i>401 Winter Sun Drive Harker Heights, Tx 76548</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Donate way</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>Stacey L. Wilson</i>	Office sought <i>Councilmember Place 2</i>	Office held
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Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 1 of 2	<b>2</b> FILER NAME Stacey L. Wilson	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 2,188.57
<b>5</b> Date 04-01-2024	<b>6</b> Payee name Wal-Mart Supercenter	
<b>7</b> Amount (\$) \$73.57	<b>8</b> Payee address; City; State; Zip Code 2020 Heights Drive Harker Heights, Texas 76548	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Campaign T-Shirts
	<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>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson	Office sought / Office held Councilmember Place 2
Date 04-02-2024	Payee name Coach Henderson Sports Photography	
Amount (\$) \$2,015.00	Payee address; City; State; Zip Code 3220 Eagle Ridge Harker Heights, Texas 76548	
<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Large Signs Yard 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 Stacey L. Wilson	Office sought / Office held Councilmember Place 2

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: 2 of 2	<b>2</b> FILER NAME Stacey L. Wilson	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
<b>5</b> Date 04-08-2024	<b>6</b> Payee name Texas Southeast Ecclestaistical Jurisdiction DOW	
<b>7</b> Amount (\$) \$100.00	<b>8</b> Payee address; City; State; Zip Code 702 Harley Drive Harker Heights, Texas 76548	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Political Ad
	<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>11</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stacey L. Wilson	Office sought Councilmember Place 2
<b>Date</b>	<b>Payee name</b>	
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>	
<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</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	Office sought
		Office held

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