

# 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: <b>6</b>							
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>Daphne</b>	MI							
	NICKNAME	LAST <b>Stanley</b>	SUFFIX							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; <b>3918 Larkin Ln.,</b>	APT / SUITE #; <b>Garland, TX</b>	CITY; STATE; ZIP CODE <b>75043</b>							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <b>(214 )</b>	PHONE NUMBER <b>284-4154</b>	EXTENSION							
	6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <b>Kenia</b>							
	NICKNAME	LAST <b>OT.</b>	SUFFIX							
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <b>901 Bromwich St., Garland TX</b>		CITY; STATE; ZIP CODE <b>75040</b>							
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(214 )</b>	PHONE NUMBER <b>282-1120</b>	EXTENSION							
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 (Officeholder 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 <b>4</b>	Day <b>7</b>	Year <b>23</b>							
	THROUGH		Month <b>4</b> / Day <b>27</b> / Year <b>23</b>							
11 ELECTION	ELECTION DATE Month <b>5</b> / Day <b>6</b> / Year <b>23</b>		ELECTION TYPE Primary    Runoff    Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special							
12 OFFICE	OFFICE HELD (if any) <b>Garland ISD Trustee Place 4</b>	13 OFFICE SOUGHT (if known) <b>Garland ISD Trustee Place 4</b>								
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p>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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td rowspan="2" style="text-align:center">GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="text-align:center">SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME									
GENERAL	COMMITTEE ADDRESS									
	COMMITTEE CAMPAIGN TREASURER NAME									
SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS									
<b>GO TO PAGE 2</b>										

OFFICE USE ONLY	
Date Received	<b>MDH</b> <b>4/28/23</b>
Date Hand-delivered or Date Postmarked	<b>4/28/23</b>
Receipt #	Amount \$
Date Processed	<b>4/28/23</b>
Date Uploaded	<b>4/28/23</b>

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Daphne Stanley		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 1,519.12
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,689.71
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,376.91
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 134.89
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,300.00

**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 Daphne Stanley, and my date of birth is 01/11/1964.

My address is 3918 Larkin Ln., Garland, TX, 75043, US.

Executed in Dallas (street) County, State of Texas (city) (state) (zip code) (country), on the 28th day of April, 2023 (month) (year).

Daphne Stanley  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Daphne Stanley		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,519.12
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,376.91
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 1,689.71
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. 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: 1
2 FILER NAME Daphne Stanley		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Dr. Shibu Samuel, PhD 6 Contributor address; City; State; Zip Code 809 Meadowside Ct, Garland TX 75043	7 Amount of contribution (\$)  1,000.00
8 Principal occupation / Job title (See Instructions) medical field business owner		9 Employer (See Instructions) self-employed
Date 04/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Kenneth Godwin Contributor address; City; State; Zip Code 1305 Edgefield Dr., Garland TX 75040	Amount of contribution (\$)  19.12
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 04/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Edgardo Dacpano Contributor address; City; State; Zip Code 4017 Carrington Dr	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions) Asst. Principal		Employer (See Instructions) DISD
Date 04/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Stephen Stanley Contributor address; City; State; Zip Code 3918 Larkin Ln., Garland TX 75043	Amount of contribution (\$)  450.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) self employed/eXp Realty

**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.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Daphne Stanley	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/07/2023	<b>5</b> Payee name Keepers Press	
<b>6</b> Amount (\$)  1,087.91	<b>7</b> Payee address; City; State; Zip Code 520 Loma Vista, Heath TX 75032	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing/Advertising Exp	<b>(b)</b> Description Signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Stanley	Office sought Garland ISD Trustee PI 4
		Office held Garland ISD Trustee PI 4
Date 04/18/2023	Payee name Affordable Uniforms	
Amount (\$) 289.00	Payee address; City; State; Zip Code 7014 Bruton Rd., Dallas TX 75217	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description ball caps/shirts
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Stanley	Office sought Garland ISD Trustee PI 4
		Office held Garland ISD Trustee PI 4
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Stanley	Office sought Garland ISD Trustee PI 4
		Office held Garland ISD Trustee PI 4

**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	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: 1	<b>2</b> FILER NAME Daphne Stanley	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 04/12/2023	<b>5</b> Payee name Neel & Partners
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<b>6</b> Amount (\$) 915.72 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address;  City; State; Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising	<b>(b)</b> Description texting services
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Stanley	Office sought GISD Trustee PI 4	Office held GISD Trustee PI 4
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Date 04/22/2023	Payee name Keeper Press
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Amount (\$) 773.99 <small>Reimbursement from political contributions intended</small>	Payee address; 520 Loma Vista, Heath TX 75032 City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising/printing	Description signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Stanley	Office sought GISD Trustee PI 4	Office held GISD Trustee PI 4
--	---	------------------------------------	----------------------------------

Date	Payee name
------	------------

Amount (\$)  <small>Reimbursement from political contributions intended</small>	Payee address;  City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

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