

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: **11**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST
Daphne

MI
12

NICKNAME

LAST

Manor-Stanley

SUFFIX

OFFICE USE ONLY

Date Received

M. A. Phelan

3:32 PM

4/1/2021

Date Hand-Delivered or Date Postmarked

4/1/2021

Receipt #

Amount \$

Date Processed

4/5/2021

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**3918 Larkin Lane
Garland TX 75043**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 284-4154

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Kenia

NICKNAME

LAST

Hudson-Ott

SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**901 Brown which St
Garland TX 75043**

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 282-1120

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 Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

02 / 10 / 21

THROUGH

Month Day Year

04 / 01 / 21

11 ELECTION

ELECTION DATE

Month Day Year

5 / 1 / 21

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Place 4 School Board

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 1182.98
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 930.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 750.00

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 R Manor-Stanley and my date of birth is January 11, 1964
 My address is 3913 Larkin Lane Garland, TX, 75043 Dallas
(street) (city) (state) (zip code) (country)
 Executed in Dallas County, State of Texas, on the 31 day of March, 2021.
(month) (year)
Daphne Stanley
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Daphne Stanley 20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1300.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3500.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 750.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1119.98
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ —
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 63.00
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: 3
2 FILER NAME Daphne Stanley		3 Filer ID (Ethics Commission Filers)
4 Date 2/11/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nastasha Sukmunga	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 3918 Larkin LN Garland TX 75043		
8 Principal occupation / Job title (See Instructions) Restaurant Management		9 Employer (See Instructions) Inspire Brands
Date 2/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jemy Reynolds	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2125 Shari LN Garland TX 75043		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) CarPro Radio Network
Date 2/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheryl Flores	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 709 Longbeach Dr. Garland TX 75043		
Principal occupation / Job title (See Instructions) Admin Asst		Employer (See Instructions) GPS
Date 2/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny Jones	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 709 Park Forest Garland TX 75042		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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:
2 FILER NAME <i>Daphne Stanley</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/12/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pamela Rucker</i>	7 Amount of contribution (\$) <i>250.00</i>
6 Contributor address; City; State; Zip Code <i>2829 S. Country Club Rd Garland TX 75043</i>		
8 Principal occupation / Job title (See Instructions) <i>Tax Accountant</i>		9 Employer (See Instructions) <i>Self</i>
Date <i>2/12/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jason Curtis</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>6593 County Rd 2524 Royce City TX 75189</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/20/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Debbie Gregory</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>846 Graystone dr. Garland TX 75043</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/8/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Lawson</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>314 Meadow Creek Ln Garland TX 75043</i>		
Principal occupation / Job title (See Instructions) <i>Admin Assist</i>		Employer (See Instructions) <i>Thrive</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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:
2 FILER NAME Daphne Stanley		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Bobbitt	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 4413 Chaha Rd Rowlett Tx 75088		
8 Principal occupation / Job title (See Instructions) Order Processor		9 Employer (See Instructions) Amazon
Date 3/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gwendolyn Daniels	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 537 Ivy Way Garland Tx 75043		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Jo B. Stauffer	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 5509 Castleview LN Garland Tx 75043		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/19/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert E Duckworth	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 909 Wakefield Garland Tx 75040		
Principal occupation / Job title (See Instructions) Retired		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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME <i>Daphne Stanley</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>2/25/21</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dallas County GOP</i>	8 Amount of Contribution \$ <i>3500.00</i>	9 In-kind contribution description <i>Data</i>
7 Contributor address; City; State; Zip Code <i>11617 N. Central Expwy Dallas TX #240 TS243</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

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 E:
2 FILER NAME <i>Daphne Stanley</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>2/12/21</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephen Stanley</i>	9 Loan Amount (\$) <i>750.00</i>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <i>3918 Larkin LN Garland TX 75043</i>	10 Interest rate <i>0</i>
		11 Maturity date <i>3/12/21</i>
12 Principal occupation / Job title (See Instructions) <i>Realtor</i>		13 Employer (See Instructions) <i>Exp Realty LLC</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor <i>Stephen Stanley</i>	19 Amount Guaranteed (\$) <i>750.00</i>
	18 Guarantor address; City; State; Zip Code <i>3918 Larkin LN Garland TX 75043</i>	
20 Principal Occupation (See Instructions) <i>Realtor</i>		21 Employer (See Instructions) <i>Exp Realty LLC</i>
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y <input type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> 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 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Daphne Stanley</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/19/21</i>	5 Payee name <i>Stripe</i>
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6 Amount (\$) <i>30.08</i>	7 Payee address: City: State: Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fee</i>	(b) Description <i>Bank Processing</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	Office sought	Office held
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Date <i>2/24/21</i>	Payee name <i>Stripe</i>
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Amount (\$) <i>3.20</i>	Payee address: City: State: Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fee</i>	Description <i>Bank Processing</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	Office sought	Office held
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Date <i>3/2/21</i>	Payee name <i>USPS</i>
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Amount (\$) <i>22.00</i>	Payee address: <i>501 E. Dates Rd</i> City: <i>Garland</i> State: <i>TX</i> Zip Code: <i>75043</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Stamps</i>	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

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 Daphne Stanley	3 Filer ID (Ethics Commission Filers)
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4 Date 3/8/21	5 Payee name Print Place
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6 Amount (\$) 129.60	7 Payee address; 1130 Avenue H East	City; Arlington Tx	State;	Zip Code 76011
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Marketing	(b) Description Printed Collateral
	(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	Office sought	Office held
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Date 3/22/21	Payee name La Bella ITA Italian Grille
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Amount (\$) 55.57	Payee address; 4125 Broadway Blvd	City; Garland Tx	State;	Zip Code 75043
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Promotional	Description Community Engagement
	<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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Date 3/24/21	Payee name Keepers Press
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Amount (\$) 879.53	Payee address; 520 Loma Vista	City; Heath Tx	State;	Zip Code 75032
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Promotional	Description 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	Office sought	Office held
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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Daphne Stanley</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/10/21</i>	5 Payee name <i>Campaign Partner.com Data Ecology LLC</i>		
6 Amount (\$) <i>29.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>PO Box 118 Still River, MA 01467</i>		

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Website</i>	(b) Description <i>Monthly Fee</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	Office sought	Office held
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Date <i>2/10/21</i>	Payee name <i>Campaign Partner.com Data Ecology LLC</i>		
Amount (\$) <i>5.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>PO Box 118 Still River, MA 01467</i>		

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Website</i>	Description <i>Privacy Add on</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	Office sought	Office held
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Date <i>2/10/21</i>	Payee name <i>Campaign Partner.com Data Ecology LLC</i>		
Amount (\$) <i>29.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>PO Box 118 Still River MA 01467</i>		

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