


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: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST LAURE MI NICKNAME LAST STANFORD SUFFIX	OFFICE USE ONLY Date Received  received APR 27 2023	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE 7719 Broken Arrow, Converse, TX 78109 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 771-7099	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI DORETTA NICKNAME LAST SUFFIX OLSEN	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # CITY: STATE: ZIP CODE 9614 Krier Cove, Converse, TX 78109 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 639-9008		
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 Day Year 4 / 6 / 23 THROUGH 4 / 27 / 23		
11 ELECTION	ELECTION DATE: Month Day Year 5 / 6 / 23 ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Judson ISD Place 6 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.		
<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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 <u>Laura Stanford</u>		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)	\$ <u>-0-</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>-0-</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>59.70</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2107.19</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1619.15</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2750⁰⁰</u>

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 Laura Stanford and my date of birth is 9/21/1952
 My address is 7719 Booken Arrow, Converse, TX, 78109, USA.
 (street) (city) (state) (zip code) (country)
 Executed in Bexar County, State of TX, on the 27 day of April, 2023.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Laure Stanford

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ -0-
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 1250 ⁰⁰
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2107.19
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 63-
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

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: 1	
2 FILER NAME Laura Stanford				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$	
5 Date of loan 4/21/23		7 Name of lender Laura Stanford		9 Loan Amount (\$) 71000.00	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N		8 Lender address; City; State; Zip Code 7719 Broken Arrow, Conway, TX 78109		10 Interest rate n/a	
				11 Maturity date n/a	
12 Principal occupation / Job title (See Instructions) Mortgage Loan Officer			13 Employer (See Instructions) CMG Financial		
14 Description of Collateral <input checked="" type="checkbox"/> none			15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		17 Name of guarantor		19 Amount Guaranteed (\$)	
		18 Guarantor address; City; State; Zip Code			
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)		
Date of loan 4/27/23		Name of lender Laura Stanford		Loan Amount (\$) \$250.00	
Is lender a financial institution? Y <input checked="" type="radio"/> N		Lender address; City; State; Zip Code 7719 Broken Arrow, Conway, TX 78109		Interest rate n/a	
				Maturity date n/a	
Principal occupation / Job title (See Instructions) Mortgage Loan Officer			Employer (See Instructions) CMG Financial		
Description of Collateral <input checked="" type="checkbox"/> none			<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION <input checked="" 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>2</u>	2 FILER NAME <u>Laure Stanford</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3/29-4/6;</u> <u>4/7-4/12; 4/13-4/19</u>	5 Payee name <u>Dawn Huff</u>	
6 Amount (\$) <u>\$1650.00</u>	7 Payee address; City; State; Zip Code <u>105 E. Gonzales St. #210 Seguin TX 78155</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>Marketing, social media</u>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>4/6 + 4/7</u>	Payee name <u>USPO</u>	
Amount (\$) <u>\$189.00</u>	Payee address; City; State; Zip Code <u>830 North Blvd Universal City TX 78148</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Postage</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date <u>4/10</u>	Payee name <u>Fas Clompitt</u>	
Amount (\$) <u>\$46.83</u>	Payee address; City; State; Zip Code <u>403 E Ramsey Rd #306 SA TX 78216</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing</u>	Description <u>card stock</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Revised 11/15/2022

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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Laura Stanford	3 Filer ID (Ethics Commission Filers)
4 Date 4/23/23	5 Payee name USPO	
6 Amount (\$) 63 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 830 North Blvd Universal City TX 78148	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Postage
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Dawn Huff

Freelance, Marketing, Writing, Publishing
(210) 300-3229
105 E Gonzales St Ste 210 Seguin, TX 78155
Huff@TheLaelGroup.com

INVOICE:

#0023014

Bill To:

Laura Stanford

For Judson ISD

7719 Broken Arrow Converse, TX 78109

Mobile: (210) 771-7079

Email: stanford.laura@gmail.com



ITEM	AMOUNT
1 week of full marketing services. (Consulting, planning, management) Work from March 29 - April 6	\$200.00
TOTAL:	\$200.00

NOTES:

Dawn Huff

Freelance, Marketing, Writing, Publishing
(210) 300-3229
105 E Gonzales St Ste 210 Seguin, TX 78155
Huff@TheLaelGroup.com

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7719 Broken Arrow Converse, TX 78109

Mobile: (210) 771-7079

Email: stanford.laura@gmail.com



ITEM	AMOUNT
1 week of full marketing services. (Consulting, planning, management, text campaign) Work from April 7-April 12	\$1250.00
TOTAL:	\$1250.00

NOTES:

*Dawn
Huff*

Freelance, Marketing, Writing, Publishing
(210) 300-3229
105 E Gonzales St Ste 210 Seguin, TX 78155
Huff@TheLaelGroup.com

INVOICE:

#0023016

Bill To:

Laura Stanford

For Judson ISD

7719 Broken Arrow Converse, TX 78109

Mobile: (210) 771-7079

Email: stanford.laura@gmail.com



ITEM	AMOUNT
1 week of full marketing services. (Consulting, planning, management) Work from April 13-April 19	\$200.00
TOTAL:	\$200.00

NOTES:



UNIVERSAL CITY
830 NORTH BLVD
UNIVERSAL CITY, TX 78148-9998
(800) 275-8777

04/06/2023

12:41 PM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

US Flag Coil/100	1	\$63.00	\$63.00
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Grand Total: \$63.00

Debit Card Remitted \$63.00

Card Name: VISA

Account #: XXXXXXXXXXXXX5167

Approval #: B30487

Transaction #: 375

Receipt #: 052396

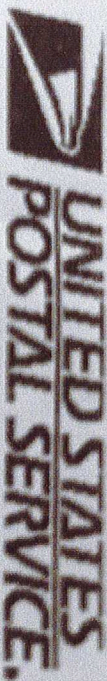
Debit Card Purchase: \$63.00

AID: A0000000980840

AL: US DEBIT

PIN: Verified

Chip



UNIVERSAL CITY
830 NORTH BLVD
UNIVERSAL CITY, TX 78148-9998
(800) 275-8777

04/07/2023

03:55 PM

Product	Qty	Unit Price	Price
US Flag Coll/100	2	\$63.00	\$126.00

Grand Total:

\$126.00

Debit Card Remitted

\$126.00

Card Name: VISA

Account #: XXXXXXXXXXXXX5167

Approval #: 868208

Transaction #: 754

Receipt #: 059713

Debit Card Purchase: \$126.00

AID: A0000000980840

Chip

AL: US DEBIT

PIN: Verified

CLAMPITT PAPER



PAPER PEOPLE

COUNTER SALE INVOICE

COPY

FC SAN ANTONIO
FAS CLAMPITT SAN ANTONIO
403 EAST RAMSEY RD STE 306
210-340-1996
SAN ANTONIO TX 78216

FAS CLAMPITT
PAPER STORE

Inv. # 7657259
Inv. date 04/10/23
Page 1(1)
Cust PO #
LAURA

Invoice address

CASH SALES 26 TAXABLE
SAN ANTONIO TX 78216

Delivery address

CASH SALES 26 TAXABLE
SAN ANTONIO TX 78216

Order number
4285637Order date
04/10/23Customer number
830006Salesperson
HOUSE SALES DV 26Inside Sales
JOHNNY ALVARADOManner of transport
CLAMPITT TRUCKTerms of delivery
PREPAIDTerms of payment
NET COD CHECKDue date
04/10/23

Line#	Item	Item description	Quantity	Dis date	price	Amount
10	596913	COO CUSTOMER - MUST COLLECT PAYMENT 8 1/2x11 L 1008 35.96M PHOTO WHITE HAMMERMILL COLO R COPY SMOOTH COVER FSC 1500/ CTN V-120024 FSC MIX Credit Material BV-COC-080417	0.500 M	04/10/23	93.650 M	46.83
		Order line total.....				46.83
		Order total.....				46.83
		Tax 8.25 % of 46.83				3.86
					Invoice amount due	0.00
		Total adjustments...				
		Credit card	Type	Exp	Pay date	Amount
		*****5167	VISA	127	4/10/23	50.69-

Thank you for your business!

SALES ORDER DELIVERY RECEIPT

SIGNED: _____

Items identified as FSC BV-COC-080417 or SFI maintain the Chain of Custody when purchased through our large divisions, not our stores.



Wix.com LTD
40 Namal Tel Aviv, 6350671
Israel

Issued to:
Laura Stanford
7719 Broken Arrow Converse
Texas United States

Invoice #1050007005 | Apr 11, 2023 | Paid

Description	Site	Billing Period	Quantity	Amount
Premium plan Pro	My Site	Monthly Apr 11, 2023 - May 11, 2023	1	\$34.00


Payment Method: Visa **5167**

Subtotal	\$34.00
TAX (8.25%)	\$2.80

Total	\$36.80
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Feel free to contact us:

 wix.com/support

 1-415-639-9034

 wix.com/contact



Wix.com LTD
40 Namal Tel Aviv, 6350671
Israel

Issued to:
Laura Stanford
7719 Broken Arrow Converse
Texas United States

Invoice #1051419841 | Apr 19, 2023 | Paid

Description	Site	Billing Period	Quantity	Amount
Email Marketing Advanced	My Site	Monthly Apr 19, 2023 - May 19, 2023	1	\$59.00


Payment Method: Visa **5167**

Subtotal \$59.00
TAX (8.25%) \$4.86

Total \$63.86

Feel free to contact us:

 wix.com/support

 1-415-639-9034

 wix.com/contact