

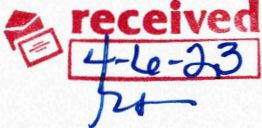
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 30

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
<input type="checkbox"/> Change of Address	7719 Broken Arrow, Converse, TX 78109			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Received
	(210)	771-7079		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #
	NICKNAME	LAST	SUFFIX	Amount \$
		Doretta		Date Processed
		Olsen		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
(Residence or Business)	9614 Krier Cove, Converse, TX 78109			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(210)	639-9008		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 1 / 20 / 23    4 / 3 / 23			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	5 / 6 / 23	
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	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

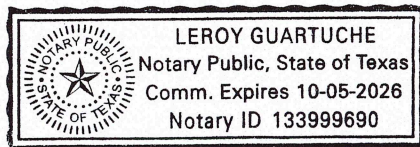
15 C/OH NAME <i>Laura Stanford</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>50</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>5012.67</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <i>166.97</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4219.98</i> <i>total</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>2194.97</i> <i>current bal.</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>1500</i> <i>my loan</i>

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.

*Laura Stanford*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Laura Stanford* this the *6* day of *April*, 20*23* to certify which, witness my hand and seal of office.

*[Signature]* *Leroy Guartuche* *Notary Public*  
Signature of officer administering oath Printed name of officer administering oath 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

Laura Stanford

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 501269
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ —
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1500
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 421998
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	\$ 21.07
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: 5
2 FILER NAME Laura Stanford		3 Filer ID (Ethics Commission Filers)
4 Date 1/31/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Panida Stanford	7 Amount of contribution (\$) 350.62
6 Contributor address; City; State; Zip Code 110 Meadow Way Converse TX 78109		
8 Principal occupation / Job title (See Instructions) Program Director		9 Employer (See Instructions) Grace House
Date 1/31/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Szymanski	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code 20730 Timber Rose San Antonio TX 78266		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Stanford	Amount of contribution (\$) 515.38
Contributor address; City; State; Zip Code 975 Oak Ridge Schertz TX 78154		
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions)
Date 2/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathy Hickey	Amount of contribution (\$) 51.99
Contributor address; City; State; Zip Code 1703 Alpine Circle San Antonio TX 78248		
Principal occupation / Job title (See Instructions) Branch Mgr		Employer (See Instructions) CMG Mortgage
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

Fee  
10.62

Fee  
14.94

Fee  
15.38

Fee  
1.99



# 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: 5
2 FILER NAME Laura Stanford		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/23	5 Full name of contributor Carmina Fusco <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 9127 Discovery Dr Converse TX 78109	7 Amount of contribution (\$) 100 Fee 3.38
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 2/5/23	Full name of contributor Robin Keating <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 513 Simmonds Dr. Eulen TX 76040	Amount of contribution (\$) 103.48 Fee 3.48
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Robert Keating PLLC
Date 2/8/23	Full name of contributor Connie Stanford <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3401 Amador Dr #7303 Ft Worth TX 76177	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/13/23	Full name of contributor Tom England <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 607 Balboa Dr Universal City TX 78148	Amount of contribution (\$) 51.99 Fee 1.99
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">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: 5
2 FILER NAME Laura Stanford		3 Filer ID (Ethics Commission Filers)
4 Date 2/14/23	5 Full name of contributor Kelsie Tabbert <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 15835 Augusta Corner San Antonio TX 78247	7 Amount of contribution (\$) 51.99 fee 1.99
8 Principal occupation / Job title (See Instructions) Tax Manager		9 Employer (See Instructions) ATKG LLP
Date 2/17/23	Full name of contributor Donna Drayton <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 120 Wild Dog Ln Lavernia TX 78121	Amount of contribution (\$) 103.48 fee 3.48
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Donna Drayton Real Estate
Date 2/27/23	Full name of contributor Irene Morgan <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 120 Antler Cir San Antonio TX 78232	Amount of contribution (\$) 500 fee 14.94
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/27/23	Full name of contributor Teddy Stein <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 411 Arch Bluff San Antonio TX 78216	Amount of contribution (\$) 103.48 fee 3.48
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

758.95



# 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: 5
2 FILER NAME Laura Stanford		3 Filer ID (Ethics Commission Filers)
4 Date 2/9/23	5 Full name of contributor Doretta Olsen <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 9614 Krier Cove Converse TX 78109	7 Amount of contribution (\$) 100 -
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/12/23	Full name of contributor Tom Vertch <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 745 E. Mulberry St San Antonio TX 78212	Amount of contribution (\$) 200
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Langley + Banack Inc
Date 3/23/23	Full name of contributor Allynid Bunten <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 6410 Falls Church St San Antonio TX 78247	Amount of contribution (\$) 1030.26
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/24/23	Full name of contributor Susan Szymanski <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 20730 Timber Cove Dr San Antonio TX 78266	Amount of contribution (\$) 500
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.		



5

# 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: 5
2 FILER NAME Laura Stanford		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/23	5 Full name of contributor Gary Stanford <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 1213 Goldilocks Ln Austin TX 78652	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/17/23	Full name of contributor Nelson Torra <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 9610 Krier Cove Converse TX 78109	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Believe Realty
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.		

See 332

12425

200

4962.67



**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: <div style="text-align: center; font-size: 1.5em;">1</div>
2 FILER NAME <div style="font-size: 1.2em;">Laura Stanford</div>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1500
5 Date of loan 1/20/23	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Stanford	9 Loan Amount (\$) 1200 <sup>00</sup>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 7719 Broken Arrow Converse TX 78005	10 Interest rate —
		11 Maturity date —
12 Principal occupation / Job title (See Instructions) Sr Mortgage Loan Officer		13 Employer (See Instructions) CMG Mortgage Inc
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 1/31/23	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Stanford	Loan Amount (\$) 300 <sup>00</sup>
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code 7719 Broken Arrow Converse TX 78005	Interest rate —
		Maturity date —
Principal occupation / Job title (See Instructions) Sr Mortgage Loan Officer		Employer (See Instructions) CMG Mortgage Inc
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 type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 5		2 FILER NAME Laura Stanford		3 Filer ID (Ethics Commission Filers)	
4 Date 1/30/23		5 Payee name Wix.com LTD			
6 Amount (\$) 1735		7 Payee address; City; State; Zip Code 40 Narmel Tel Aviv, 6350671 Israel			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Website name	
		(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	
Date 2/3/23		Payee name Front Page Photography			
Amount (\$) 6495		Payee address; City; State; Zip Code 12107 Topperwein Rd # 9 Live Oak Tx 78233			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description Head shot	
		<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	
Date 2/7 & 3/11		Payee name Wix.com LTD			
Amount (\$) 7360		Payee address; City; State; Zip Code 40 Narmel Tel Aviv, 6350671 Israel			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising		Description Website subscription	
		<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	

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  
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:	2 FILER NAME Laura Stanford	3 Filer ID (Ethics Commission Filers)
4 Date 2/23/23	5 Payee name Notaprint	
6 Amount (\$) 33.55	7 Payee address; City; State; Zip Code 275 Wyman St, Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing expense	(b) Description Business cards
	(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
Date 2/22-3/14	Payee name Down Huff	
Amount (\$) \$600	Payee address; City; State; Zip Code 105 E. Gonzalez St # 210, Seguin, TX 78155	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Marketing, social media
	<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
Date 2/24	Payee name JVC Media	
Amount (\$) 297.70	Payee address; City; State; Zip Code 3106 Fall Crest Dr, San Antonio, TX 78247	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Yard sign - 4x4
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

9/3/25



# 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:	2 FILER NAME <i>Laura Stanford</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/24/23</i>	5 Payee name <i>Vista Print</i>	
6 Amount (\$) <i>125.88</i>	7 Payee address; City; State; Zip Code <i>275 Wyman St, Waltham, MA 02457</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing expense</i>	(b) Description <i>Dorhangers</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
Date <i>3/8/23</i>	Payee name <i>Vista Print</i>	
Amount (\$) <i>62.78</i>	Payee address; City; State; Zip Code <i>see above</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing expense</i>	Description <i>Burnen Cards</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
Date <i>3/15/21/23</i>	Payee name <i>Dawn Huff</i>	
Amount (\$) <i>200</i>	Payee address; City; State; Zip Code <i>105 E. Gonzalez St #212, Seguin, TX 78155</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Marketing, Social media</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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

38866



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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:	2 FILER NAME Laura Stanford	3 Filer ID (Ethics Commission Filers)
4 Date 3/24/23	5 Payee name JVC Media	
6 Amount (\$) 1244.88	7 Payee address; City; State; Zip Code 3106 Fall Crest Dr, San Antonio, TX 78247	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Yard sign + 4x4
	(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
Date 3/22-3/28/23	Payee name Dawn Huff	
Amount (\$) \$600	Payee address; City; State; Zip Code 105 E. Gonzales St #219, Seguin, TX 78155	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Marketing, social media
	<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
Date 3/18/23	Payee name Walmart	
Amount (\$) 34.5	Payee address; City; State; Zip Code 510 Kitty Hawk, U City, TX 78148	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description T-shirt
	<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

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  
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:		2 FILER NAME <i>Laura Hanford</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/26/2023</i>		5 Payee name <i>Henry Avila</i>			
6 Amount (\$) <i>\$550</i>		7 Payee address; City; State; Zip Code <i>3126 Annaroke Ln, San Antonio, TX 78211</i>			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</i>		(b) Description <i>Sign installation (2#)</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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>2/16-4/5/2023</i>		Payee name <i>Paypal, Inc</i>			
Amount (\$) <i>126.70</i>		Payee address; City; State; Zip Code <i>2211 N. 1st St, San Jose, CA 95131</i>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Donation charges</i>		
	<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 (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	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 (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>	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



# 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)	
1	Laure Stanford		
<b>4</b> Date	<b>5</b> Payee name		
3/12/23	Amazon		
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
10.81	410 Terry Ave N, Seattle, WA 98109		
<input type="checkbox"/> Reimbursement from political contributions intended			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description
	Advertising		T-shirt Transfer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date Payee name			
4/1/23 Lowes			
Amount (\$)	Payee address;	City;	State; Zip Code
10.26	11718 IH35N, San Antonio, TX 78233		
<input type="checkbox"/> Reimbursement from political contributions intended			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description
	Other		Zip ties
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended			
<b>PURPOSE OF EXPENDITURE</b>	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
Candidate / Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED





## Thank you for your purchase

**stanfordforjudson.com** is yours. To connect your new domain to your website, Upgrade to Premium

### What's Next

YourName|@stanfordforjudson.com

### Get a Personalized Mailbox

Complete your professional online presence and boost your brand with an email account powered by Google Workspace.

[Buy a Mailbox](#)

[Hide Purchase Summary](#) ^

**\$17.35**

**Domain Name:** stanfordforjudson.com

**Registration Period:** 1 Year

**Privacy:** Public

**Note:** You may receive an email at stanford.laura@gmail.com to verify your email address. ICANN regulations require this verification

[Go to Domains](#)

15/1/22



## Receipt from Front Page Photography, LLC.

Front Page Photography, LLC. via Square &lt;receipts@messaging.squareup.com&gt;

Fri, Feb 3, 2023 at 3:08 PM

Reply-To: "Front Page Photography, LLC. via Square"

&lt;CAESKBIAGhpyX29peXRldWt5Z3l5ZG9ucnhreTR0c21zZiIlZGlhbG9ndWUilHtmVc5mpH44Hva/Ls9fSMi7vp64ztWM4W3frlWtv68B@reply2.squareup.com&gt;

To: stanford.laura@gmail.com

Now when you shop at sellers who use Square, your receipts will be delivered automatically.

[Not your receipt?](#)

## Front Page Photography, LLC.

Let Front Page Photography, LLC.  
know how your experience was

\$64.95

Custom Amount × 1 \$64.95

Total \$64.95



Front Page Photography, LLC.

12107 Toeppewein Rd., Ste. 9

Live Oak, TX 78233

210-945-9445

Visa 5167 (Keyed)

Feb 3 2023 at 1:02 PM

VISA

#NMfG

Auth code: B56802



Receipt Settings





Wix.com LTD  
40 Namal Tel Aviv, 6350671  
Israel

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

Invoice #1044936387 | Mar 11, 2023 | Paid

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

Payment Method: Visa ••••5167

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

Total	\$36.80
-------	---------

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 #1039309603 | Feb 7, 2023 | Paid

Description	Site	Billing Period	Quantity	Amount
Premium plan Pro	Mysite	Monthly Feb 7, 2023 - Mar 7, 2023	1	\$34.00

Payment Method: Visa \*\*\*\*5167

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

Total	\$36.80
-------	---------

Feel free to contact us:



wix.com/support



1-415-639-9034



wix.com/contact



# Thank You For Your Order. ✓

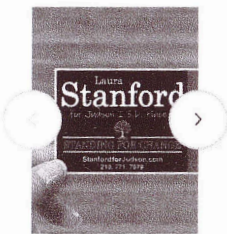
Order Date: February 23rd 2023

Order #: VP\_SRJQTWXR

[Print order details](#)

Shipping Method	Shipping Address	Billing Address	Payment Method
Priority Estimated Arrival Mar 3rd	LAURA STANFORD 7719 BROKEN ARROW Converse, Texas 78109-2438 United States of America 2107717079	LAURA STANFORD 7719 BROKEN ARROW Converse, Texas 78109-2438 United States of America 2107717079	 Visa **** 5167 \$33.55

## Items



**Standard Business Cards**  
In Progress  
Expected Delivery Mar 3rd  
Quantity: 100



Selected Options

Item Total

**\$18.00**

## Order Summary

Product Total	\$18.00
Shipping	\$12.99
Tax	\$2.56
<b>Total paid</b>	<b>\$33.55</b>



[Back to history](#)

Order Details

stanford.laura@gmail.com

Order Date: February 24th 2023  
Order #: VP\_LNSDPFN7  
Status: Completed

[Print order details](#)

Shipping Method	Shipping Address	Billing Address	Payment Method
Priority Estimated Arrival Mar 7th	LAURA STANFORD 7719 BROKEN ARROW Converse, Texas 78109-2438 United States of America 2107717079	LAURA STANFORD 7719 BROKEN ARROW Converse, Texas 78109-2438 United States of America 2107717079	 Visa **** 5167 \$125.88

Items



Door Hangers  
Shipped  
Track  
[1Z7R44E20365662583](#)  
Expected Delivery Mar 7th  
Quantity: 1000



Selected Options



Item Total \$100.30

Order Summary

Product Total	\$100.30
Shipping	\$15.99
Tax	\$9.59
Total paid	\$125.88



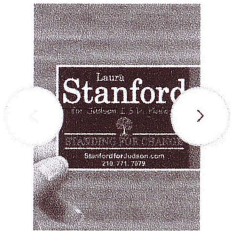
Thank You For  
Your Order. ✓

Order Date: March 8th 2023  
Order #: VP\_CH1V28S1

Print order details

Shipping Method	Shipping Address	Billing Address	Payment Method
Standard Estimated Arrival Mar 20th	LAURA STANFORD 7719 BROKEN ARROW Converse, Texas 78109-2438 United States of America 2107717079	LAURA STANFORD 7719 BROKEN ARROW Converse, Texas 78109-2438 United States of America 2107717079	Visa Visa **** 5167 \$62.78

Items



Standard Business Cards  
In Progress  
Expected Delivery Mar 20th  
Quantity: 1000



Selected Options



Item Total \$46.00

Order Summary

Product Total	\$46.00
Shipping	\$11.99
Tax	\$4.79
Total paid	\$62.78



*Dawn  
Huff*

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

**INVOICE:**

#0023009

**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 weeks of full marketing services. (Consulting, planning, management) Work from February 22-March 14	\$600.00
<b>TOTAL:</b>	\$600.00

**NOTES:**

*Dawn Huff*

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

**INVOICE:**

#0023010

**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 weeks of full marketing services. (Consulting, planning, management) Work from March 15-21	\$200.00
<b>TOTAL:</b>	<b>\$200.00</b>

**NOTES:**



*Dawn  
Huff*

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

**INVOICE:**

#0023011

**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, and Video) Work from March 22-28	\$600.00
<b>TOTAL:</b>	\$600.00

**NOTES:**



Laura Stanford &lt;stanford.laura@gmail.com&gt;

---

**Invoice 3143 from JVC Media, LLC**

---

JVC Media, LLC <quickbooks@notification.intuit.com>  
Reply-To: audrey@jcmediasa.com  
To: Stanford.Laura@gmail.com  
Cc: audrey@jcmediasa.com

Fri, Feb 24, 2023 at 3:30 PM

INVOICE 3143



JVC Media, LLC

DUE 02/24/2023

**\$297.70**

Review and pay

Powered by QuickBooks

Here's your invoice! We are now offering complimentary bank transfer. Please use the link provided. We appreciate your prompt payment.

Thanks for your business!  
JVC Media, LLC

---

JVC Media, LLC

3106 Fall Crest Dr San Antonio, TX 78247

512-585-0544 audrey@jcmediasa.com <http://www.jcmediasa.com>

---

If you receive an email that seems fraudulent, please check with the business owner before paying.



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Invoice\_3143\_from\_JVC\_Media\_LLC.pdf  
33K



JVC Media, LLC  
3106 Fall Crest Dr  
San Antonio, TX 78247  
512-585-0544  
audrey@jcmediasa.com  
http://www.jcmediasa.com

## Invoice 3198



<b>BILL TO</b>	<b>SHIP TO</b>
Laura Stanford Campaign	Laura Stanford Campaign
7719 Broken Arrow TX	7719 Broken Arrow TX
78109	78109
Converse, Tx 78109	Converse, Tx 78109

DATE  
03/22/2023

PLEASE PAY  
\$1,244.89

DUE DATE

DATE		DESCRIPTION	QTY	RATE	AMOUNT
	signs	18"x24" signs digitally printed 1-side	50	5.00	250.00T
	signs	18"x24" signs digitally printed 2-sides	50	6.00	300.00T
	signs	4'x4' signs digitally printed 1-side	30	20.00	600.00T

We appreciate the opportunity to service you. We  
look forward to helping you in the future!

SUBTOTAL	1,150.00
TAX	94.89
TOTAL	1,244.89

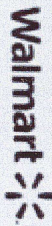
TOTAL DUE	<b>\$1,244.89</b>
-----------	-------------------

THANK YOU.

A 3% convenience fee will be added if paid by credit card. Please email Audrey at,  
audrey@jcmediasa.com, if you would like to take advantage of this option.

# Campaign T-shirts

Give us feedback @ survey.walmart.com  
Thank you! ID #: 79HJG71DX7L3

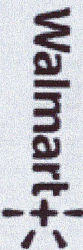


WM Supercenter  
210-536-8548 Mr. LAUREN  
510 KITTY HAWK RD  
UNIVERSAL CITY TX 78148  
ST# 04055 OP# 009043 TE# 43 TR# 02839  
MENS T-SHIRT 789374531500 15.96 X  
MENS T-SHIRT 789374531490 15.96 X

	SUBTOTAL	31.92
TAX1	8.2500 %	2.63
	TOTAL	34.55
DEBIT TEND		34.55
CHANGE DUE		0.00

EFT DEBIT PAY FROM PRIMARY  
34.55 TOTAL PURCHASE  
US DEBIT- 5167 I 0 REF # 307200610375  
NETWORK ID- 004L APPH. CODE 896682  
AID A0000000980840  
TC 23EA457347D63496  
TERMINAL # 23084457  
\*No Signature Required  
03/12/23 19:51:57

# ITEMS SOLD 2  
TC# 1576 9720 3986 7666 7883



Become a  
member today  
Scan For 30-day free trial.

Low prices You Can Trust. Every Day.  
03/12/23 19:52:03





# Invoice

Henry Avila, 3126 annarose lane, San Antonio TX 78211, United States

## BILL TO

Laura Stanford  
7719 broken arrow  
Converse TX  
United States

Invoice No.: 002  
Issue date: Mar 26, 2023  
Due date: Mar 27, 2023

Payment method: Check/cheque

Invoice No.:	Issue date:	Due date:	Total due
002	Mar 26, 2023	Mar 27, 2023	\$550.00

Description	Qty.	Unit price (\$)	Amount (\$)
-------------	------	-----------------	-------------

political sign placement	28	19.64	550.00
--------------------------	----	-------	--------

\$20 per sign Wich includes sing placement, materials,screws,washers,zip ties,wooden stakes,pin drop to email were sign was placed maintenance on signs threw election pick up after your Victory and we store sign as well gas.

Subtotal	\$550.00
----------	----------


<b>Total (USD):</b>	<b>\$550.00</b>
---------------------	-----------------

We accept check or Cash app

Issued by, signature:



 Henry Avila

 210-931-6756

 [henryavila1020@icloud.com](mailto:henryavila1020@icloud.com)

Henry Avila  
3126 annarose lane  
San Antonio TX 78211  
United States



## Laura Stanford JISD School Board Campaign

PayPal Account: laura.stanford@homebridge.com

7719 Broken Arrow, Converse, TX 78109

(Amounts in USD)

Balance	Beginning	Ending
Total balance	0.00	23.79
Available balance	0.00	23.79
Payables balance	0.00	0.00

Activity	Debit	Credit
<b>Sales activity</b>	—	<b>4,113.67</b>
Payments received	0.00	4,113.67
Disbursements received	0.00	0.00
Refunds sent	0.00	0.00
<b>Fees</b>	<b>-126.70</b>	<b>—</b>
Payment fees	-126.70	0.00
Refunded fees	0.00	0.00
Chargeback fees	0.00	0.00
Dispute Fees	0.00	0.00
Bank Return Fees	0.00	0.00
Account fees invoice	0.00	0.00
Campaign fees	0.00	0.00
Other fees	0.00	0.00
<b>Dispute activity</b>	<b>0.00</b>	<b>—</b>
Chargebacks & disputes	0.00	0.00
Dispute reimbursements	0.00	0.00
<b>Transfers &amp; withdrawals</b>	<b>-3,963.18</b>	<b>—</b>
Currency Transfers	0.00	0.00
Transfers to PayPal account	0.00	0.00
Transfers from PayPal account	-3,963.18	0.00
<b>Purchase activity</b>	<b>0.00</b>	<b>—</b>