		CEHOLDER E REPORT				ORM C/OH HEET PG 1
The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages file	29
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR)	STACY AD	sam5	SUFFIX	OFFICE Date Received	USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX: 3408 Not P.U. Bex AREA CODE	tingham Pe	CITY; STATE; LECTON TX ARCHIO TX EXTEN:	77581	JOY	CE HUDMAN, BHAZORIA CO. TE
6 CAMPAIGN TREASURER NAME	MS MRS MR	78Z-0464 FIRST MICHELIE LAST	Am s	SUFFIX	Receipt # Date Processed Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	·	NO PO BOX PLEASE): APT / S		v;	STATE;	7758)
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTEN	SION		
9 REPORT TYPE	January 15	30th day before a		unoff xceeded Modified	treasurer ap (Officeholde	
10 PERIOD COVERED	Month Ol /	Day Year / 01 / 24	THROUGH	eporting Limit Month	Day Year /30 /24	
11 ELECTION	Month Day	Year Primary	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any) Brazoness Cox.	onaussione	2F >	E SOUGHT (if known	1	Pet-3
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE COMMITTEE CAMPAIGN TRE	ACCEPTED OR POLITICA IS MAY HAVE BEEN MADI IRED TO REPORT THIS INF THE STATE OF THIS INF	E WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	STACY L. ADAMS	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
5,1' f s × 1	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,500
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 547 44
	4. TOTAL POLITICAL EXPENDITURES	\$ 21,940.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I OF REPORTING PERIOD	\$ 96,959 36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE \$
red	quired to be reported by me under Title 15, Election Code. Signature of Cand	idate or Officeholder
	Please complete either option below:	
(1) Affidavit	MARY BOCK NOTARY PUBLIC ID# 128916565 State of texas Comm. Exp. 05-30-2027	
NOTARY STAMP/SEA	Mas Book	5 day of July
20 24 to certify	which, witness my hand and seal of office. Mary Bock	Deffice Mar.
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declarati	on on	
My name is	, and my date of birth is	
My address is		
Executed in	(street) (city) (sta, on the day of (month)	te) (zip code) (country), 20 (year)
	Signature of Candidat	e/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME STACY L. ADAMS 20 Filer ID (Ethics C	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,5000
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 21,940-16
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. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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	\$
	. *
	13.
se en	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

ii tile reque	isted information is not applicable, bo NOT meta-		=port.
Th	e Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1:
2 FILER NAM	STACY L. ADAMS		3 Filer ID (Ethics Commission Filers)
4 Date 2/22	RABA - KISTWER PAC 6 Contributor address; City; S	State; Zip Code	7 Amount of contribution (\$)
3 Principal occ	supation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date 5/9	A.M. RORIGO Contributor address; City; S	State; Zip Code	Amount of contribution (\$)
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	#:)	Amount of contribution (\$)
	Contributor address; City; S	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of contribution (\$)
	Contributor address; City; S	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	ons)
4.1			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense Office Over Git/Awards/Memorials Expense Printing Expense	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME STACY L. ADAM		3 Filer ID (Ethics Commission Filers)
4 Date 1/5	5 Payee name JEFF BARRY CAMPAI		
6 Amount (\$)	7 Payee address; 4418 BROADWAY	City; PEARLAND	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Dovation
	(C) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/ Officeholder name JEFF BARRY	Office sought	Office held Office held
Date 1/7	Payee name		
Amount (\$)	Payee address; 4181 Magnolia	Penclawo	State; Zip Code 1 × 77554
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Do wat was Sparsa-Ship	Description Spensor Dea	DEE BALL TEAM
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 1/7	PEARLAND CHAMBIER OF	Commerce	
Amount (\$) 500	Payee address; 6117 Bronoway	City; Pearland	State; Zip Code Tx 77551
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Sponson Check if travel outside of Texas, Complete Schedule T.		TN Austin
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printing	spayment/Reimbursement Solicitation/Fundraising Expense Expense Transportation Equipment & Related Expense Expense Travel In District Travel Out Of District Other (enter a category not listed above) Transportation Equipment & Related Expense Travel In District Other (enter a category not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
4 Date ///	5 Payee name Pizarland LADY	Liens
6 Amount (\$)	7 Payee address; 3350 MAIN	City; State; Zip Code Pearland Tx 7.7541
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description CHARTER MEMBER DIWNER Valet Spensor
9 Complete ONLY if direct expenditure to benefit C/Oh	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held
Date 1/7	Payee name PEAR horo Neighborh	UDD CENTER
Amount (\$)	Payee address;	City; State; Zip Code
100	2335 N. TEXAS	Pearland Tx 77581
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Dues	Bones Dues
	Check if travel outside of Tiexas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date 1/18	Payee name PiEarlaws Rotary	Club
Amount (\$)	Payee address;	City; State; Zip Code
197 50	P.O. Box 841356	PERelano Tx 77584
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Menbership Duzs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held

expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling I Gift/Awards/Memorials Expense Printing	payment/Reimbursement Solicitation/Fundraising Expense Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total sassa Cabadula E1			
1 Total pages Schedule F1:	2 FILER NAME STACY L. ADAMS	3 Filer ID (Ethics Commission Filers)	
4 Date 1/18	5 Payee name JEFF BARRY CAN	יוף או און או	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
500	4418 Broadway	Pearland 1x 77581	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Dowatow	CAMPAIGN Dushow	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, ofliceholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JEFF BARRY	Office sought Office held STATE (2ep - Dut 29	
Date .	Payee name		
1/22	JAMIES BRAWNER	Aupaign	
Amount (\$)	Payee address;	City; State; Zip Code	
1,500	WITH HELD	West Columbia Tx 77486	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation	Compacqui Dowation	
Table 1	Check if travel outside of Texas. Complete Schedule 1.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH	JAMES BRAWNER	Constable Pet 4 Constable Pet 4	
Date	Payee name		
1/2	Copy VASUT CAM	Prign	
Amount (\$)	Payee address;	City; State; Zip Code	
500	P.O. Bux 2724	Angleton IX 77516	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation - Sponsorship	TABLE Spunsor AT FUDERRISIER	
	Check if travel outside of Texas. Complete Schedule T.	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			

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/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printir	Repayment/Reimbursement Overhead/Rental Expense I Out Of District Other (enter a category not listed above) To complete this form.
1 Total pages Schedule F1:	2 FILER NAME STARY L. AD	3 Filer ID (Ethics Commission Filers)
4 Date 1/2	5 Payee name BRAZURIA County	Republican Party
6 Amount (\$)	7 Payee address; 135 Spanish Dak GE	LAKE TACKSON TE 77566
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	(b) Description Menbership Duizs - Brazos River Rep Club
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 1/26	Payee name Buck Stavens Cang	marqn)
Amount (\$)	Payee address;	City; State; Zip Code
250	P.O. Box 462	Pearland Tx 77511
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	CAMPAGE DEVALUE - DINNER & RAHLE
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH	BUCK STEVENS	Constable Pet3 Constable Pet3
Date Z/4	Houston CHRONICLE	
Amount (\$)	Payee address;	City; State; Zip Code
39 92	Ro_ Box 4260	Houston Tx 77210
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	OFFICIZ Expense	Subscription
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
_1.	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDED

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

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)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name uit Education Center 6 Amount (\$) 7 Payee address; Zip Code (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Spoisus hip AT TUNDRAIS ER **PURPOSE** Donation/Event Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Actions Inc. Zip Code Amount (\$) State: 1524 Mulberry Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date HOME DEPOT Payee address; City; Zip Code Amount (\$) 140 BYPASS 35 Category (See Categories listed at the top of this schedule) Description Misc Sign Items PURPOSE SIGN Materials **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollir y Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/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 STACY L. A	toams	3 Filer ID (Ethics Commission Filers)		
4 Date //2Z	5 Payee name PARC				
6 Amount (\$) 315	7 Payee address; P.O. Box 711	Pearland	State; Zip Code 77568		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul	(b) Description CLUB DUES	E FUNDRAISIER Sponsonship		
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date :2/9	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
52	1701 FAIRWAY	Alvis	Tx 77511		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description STAFF Lux	uch		
	Check if travel outside of Texas, Complete Schedule	T. Check if Austin	Check if Austin, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date 2/19	Payee name LowiES				
Amount (\$)	Payee address: 2741 Broadway	City;	State; Zip Code Tr 77581		
45	2171 100007	[EAD 1400 D	. 7 . 7 . 7		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule	Description Musc Sign	o Items		
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEE	DED		
	ATTACTABBITIONAL COFIES OF T	THE GOTTE DOLL AG NEE			

SCHEDULE F1

	EXPENDITURE CATEGORIES F	-OR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex	pense Travel Out Of District Other (enter a category not listed above)
	The instruction dutic explains now to ex	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME STALY L- AD	3 Filer ID (Ethics Commission Filers)
4 Date 2/19	5 Payee name BRAZORIA County To	Republican Party
6 Amount (\$)	7 Payee address;	City; State; Zip Code
9000	135 Spanish DAK CIR	LAKE JACKSON TX 77566
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Donation - Auction Itam	Auction AT FUNDRAISE! Significant
	(c) Check if travel outside of Texas. Complete Schedule T.	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 2/19	Payee name KROGERS	
Amount (\$)	Payee address;	City; State; Zip Code
49 96	3245 Broadway	Pearland Tx 77581
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUND EXP / Event Exp.	Country Place VET'S Event
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 2/2D	Payee name A CADEMY	
Amount (\$)	Payee address;	City; State; Zip Code
246	2550 Pearland Parkway	Paulos Tx 77581
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Danatical Exp.	Description Devation to Actions INC. FUNDRAISIER
m, _ =	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica CreditCard Payment	Fees Office Ov Food/Beverage Expense Polling E: Gift/Awards/Memorials Expense I Committee Legal Services Salaries A	erhead/Rental Expense cpense xpense Vages/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 STALY L- AD	san S	3 Filer ID (Ethics Commission Filers)
4 Date 2/27	5 Payee name. IHO.UAS GRAPhi		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
2,792	9501 N. I.35	Austin	Tx 78753
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	PRINTING Expense	Campaign	Mailers
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Mike Fulton 2	Office sought	Office held
Date 2/26	Payee name BCSO AWARE	s Donnier	
Amount (\$)	Payee address;	City;	State; Zip Code
500	3602 CR 45	Angleton	77515
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		WARIOS DINNER
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
^{Date} 3/3	Payee name ARAISIA SHRINE	<u>Lirus</u>	
Amount (\$)	Payee address;	City;	State; Zip Code
100	7.0. 420549	Houston	TF 77242
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Downtie	ination	To Kins Circus Tickets
	Check if travel outside of Texas. Complete Schedule T.	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			

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica CreditCard Payment	Fees Office Over Food/Beverage Expense Polling E Printing I	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME STACY L. AD	ams	3 Filer ID (Ethics Commission Filers)
4 Date 3/7	5 Payee name BSA TROOP		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
100	2314 GRAND Blud.	Pearland	12 77581
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Donation	Trucets to	FLWARMISER
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 3/.7	Payee name MARY BOLK		
Amount (\$)	Payee address;	City;	State; Zip Code
300€	2508 N. GORDON	Alm	Tx 77511
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Dunahow To	medial Exposes
24 12	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Para a series de la constante		
3/11	Alvin High So	hool	
Amount (\$)	Payee address;	City;	State; Zip Code
100	8025 5. Johnson	Alvin	Tx 77511
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Davateur/Sporsorship	Description	Day Sponsor
	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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULEASNEED	DED

SCHEDULE F1

	EXPENDITURE CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica CreditCard Payment	Fees Office Over Food/Beverage Expense Polling Exp y Gift/Awards/Memorials Expense Printing Exp	head/Rental Expense Tra ense Tra pense Tra ages/Contract Labor Oth	icitation/Fundraising Expense nsportation Equipment & Related Expense vel In District vel Out Of District ver (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME STACY L. AT	SAMS 3 F	Filer ID (Ethics Commission Filers)
4 Date 3/1/	5 Payee name Alvin Rotary	Club	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
250	P.O. Box 1345	Alvin	Tx 77512
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Downtrow/Sponsorship	(b) Description T- SHIET SP	orsor -
	(c) Check if travel outside of Texas, Complete Schedule T.	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 3/21	Payee name Alvin Ratney (OLUB	
Amount (\$)	Payee address;	City;	State; Zip Code
100	20-30x 1345	Alvid	Tx 77512
PURPOSE	Category (See Categories listed at the top of this schedule)	Description Raffel Tick	ze-
OF EXPEND∤TURE	١٥٠٥ ١٥٠٥ ١٥٠٥		
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin, TX,	officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF			
Date 3/21	Payee name CostCo		
Amount (\$)	Payee address;	City;	State; Zip Code
429	3500 Business Center Dr	2 Pendas	1× 77584
	Category (See Categories listed at the top of this schedule)	Description	41-D-3
PURPOSE OF EXPENDITURE	Tous Expense	Employee Lo.	JCH - PCI J
-10-TH	Check if travel outside of Texas. Complete Schedule T	Check if Austiri, TX,	officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1 - 1 5 9 1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overl Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	pense Travel Out Of District ages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME STACY L. ADAM	3 Filer ID (Ethics Commission Filers)
4 Date 4/2		BALL BOOSTEr Club
6 Amount (\$)	7 Payee address;	City; State; Zip Code
150	50- Box 841141	Pearland Tx 77584
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Golf Tournament Sporson
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 4/24	Payee name JEFF BARRY C	Ampaign
Amount (\$)	Payee address;	City; State; Zip Code
1,000	4418 Broadway	Pencland Tx 77581
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Dovation	Laupaign Dunation
,	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to beliefit C/OF	JET BARRY 5	TATE RED. DIST 29
H/30	Payee name Houston Chronicle	e
Amount (\$)	Payee address;	City; State; Zip Code
127	Ro. Box 4260	Person Tx 77210
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	OFFICIE Exp/Subscription	
e n	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political CreditCard Payment	Fees Office Over Food/Beverage Expense Polling E Printing I	Expense Travel Out Of District Wages/Contract Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME STACY L. AD	3 Filer ID (Ethics Commission Filers)	
4 Date 4/25	5 Payee name VETERANS HIKE	FOR Mental Health	
6 Amount (\$) 250	7 Payee address; 4141 Bacley Rd	City; State; Zip Code Possibud Tp 77584	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Spo. worship -	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
3/18	Payeename JEFF BARRY C	Ampaign	
Amount (\$) 250	Payee address; H418 Bruadway	City; State; Zip Code Penaland Tx 7758)	
PURPOSE OF EXPENDITURE	Category (See Categories listed al the top of this schedule)	Campaign Donation	
	Check if travel outside of Texas. Complete Schedule T,	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jeff BARRY 57	Office sought Office held ATE Rep Dist 29	
Date 3/8	Payee name PIEARLAND CHAMBI	ER	
Amount (\$)	Payee address: 6117 Broadway	City; State; Zip Code Pearland 1x 7:7581	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Ticket	Women In Leadershys Luxert	
11 - 2-	Check if travel outside of Texas. Complete Schedule T.	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 CODIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

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

EXPENDITURE CATE	EGORIES FOR BOX 8(a)
nt Expense	Loan Repayment/Reimbursement

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

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)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/M The Instruction Guide explains how to describe the services of the serv	/ages/Contract Labor Other (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME STALY L. AD	3 Filer ID (Ethics Commission Filers)
4 Date 3/22	5 Payee name Kruger	
6 Amount (\$) 41	7 Payee address; 3245 Brownsway	City: State: Zip Code Pearland Tx 77581
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Employee Lunch - Pet 3
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
3/25	Payee name OFFICE DEPOT	
Amount (\$)	Payee address;	City; State, Zip Code
60	2032 MAIN	PEARlaws Tx 7758)
0	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	OFFICE Expense	OFFICIE Supplies
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 3/3 D	Payee name Spec's	
Amount (\$)	Payee address;	City; State; Zip Code
39 =	10555 Pearland Pkung	Houston Ix 77089
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Donation	Donation To PNC
x so Till	Check if travel outside of Texas. Complete Schedule T.	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		

SCHEDULE F1

	EXPENDITURE CATEGORIE	23 FOR BOX 6(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollin y Gift/Awards/Memorials Expense Printir	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME STACY L. A	Dams	3 Filer ID (Ethics Commission Filers)
1 Date 4/15	5 Payee name IREMONT HOVS		
715 Amount (\$)	7 Payee address; 2300 SHIP Mechanic Rou	City;	State; Zip Code J 77550
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	(b) Description HGAC	Retreat
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 4/z Z	Pearland Neighbor	hood CENT	ER
Amount (\$)	Payee address;	City;	State; Zip Code
220	2335 TEXAS	PEARLAND	Tx 7758)
390	Category (See Categories listed at the top of this schedule		^ .
PURPOSE OF EXPENDITURE	Donation/Sponsorship	Sparsorsky	AT Crawlish FUNDRAISEN
	Check if travel outside of Texas. Complete Schedule 1	T. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 4/24	Payee name WALKET		
Amount (\$)	Payee address;	City;	State; Zip Code
90 93	1801 N. VelASED	Angle to.	J Tx 77515
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule)	Description Avetical	Item for VFD Fusience
	Check if travel outside of Texas. Complete Schedule 1	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NE	EDED

SCHEDULE F1

	errianer is not applicable, 20 feet include			
	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	**************************************	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling I Gift/Awards/Memorials Expense Printing	verhead/Rental Expense Expense Expense 6Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule F1:	2 FILER NAME STARRY L. A	DAMS	3 Filer ID (Ethics C	Commission Filers)
4 Date 4/26	5 Payee name GRAZIA			
6 Amount (\$) <u>65</u>	7 Payee address; 9415 BROADWAY	City; Pearland	State;	Zip Code 77584
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Pot 3 STAIR	Luncit	-==
	(c) Check if travel outside of Trexas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	xpense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice held
Date 5/1	Payee name Alvin VFD			
Amount (\$)	Payee address;	City;	State;	Zip Code
300	801 E. SOUTH ST.	Alva	17	7754
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Dowation Spaisorshy	Spursors her	For tuni	oralle/
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living ex	kpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice held
Date 5/3	Payee name 1) AWSON FOOTBA	LL Booster	Club	
Amount (\$)	Payee address;	City;	State;	Zip Code
200	20. 30x 250	Pearland	140	77588
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Dowation Sponsorship	Sponsors ha	D ;	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held

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/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total assas Cabadula E1.	2 FILED MAME		2 Files ID (Fibine Commission Filese)
1 Total pages Schedule F1:	2 FILER NAME STALL L. A	DAMS	3 Filer ID (Ethics Commission Filers)
4 Date 5/16	5 Payee name DAWSON Cheerle	eader Bouste	er Club
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
250	2050 Cullen	Pearland	Tx 77584
8	(a) Category (See Categories listed at the top of this schedu	(b) Description	
PURPOSE OF EXPENDITURE	Douation/Sporsorship	Furdraiser	Sponsorship
	(c) Check if travel outside of Texas. Complete Schedulo	T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 5/9	Payee name	Juch	
Amount (\$)	Payee address;	City;	State; Zip Code
300 =	2700 YMCA DR.	Pearland	1x 77581
	Category (See Categories listed at the top of this schedul	e) Description	
PURPOSE OF EXPENDITURE	DONATION	Annual	DONATION
	Check if travel outside of Tiexas. Complete Schedule	T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/26	TEXAS FIRST B	ANK	
Amount (\$)	Payee address;	City;	State; Zip Code
42	2343 MAIN	Pear laws	Tx 77581
	Category (See Categories listed at the top of this schedul	e) Description	
PURPOSE OF EXPENDITURE	OFFICE EXP/BANK FEE	BANK F	in - Check?
h I	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, 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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin	epayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how	o complete this form.	
1 Total pages Schedule F1:	2 FILER NAME STACY L.	3 Filer ID (Ethics Commission Filers)	
4 Date 3/11	5 Payee name PEAR SEIF S	OCAGIE	
304 65	7 Payee address; 3512 /2 Broadway	City; State; Zip Code Pearland Tx 77581	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule OFFICIL EXP STORAGE	(b) Description CAUDAIGN MATERIALS STURAGE	
	(c) Check if travel outside of Texas. Complete Schedule T.	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 3/13	Payeename Roy Castillo		
Amount (\$)	Payee address;	City; State; Zip Code	
191	WITH HELD	Pearlawo Tx 77581	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Lunch For A Sum & Penchano Police Depts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date 5/16	Payeename	YOUTH	
Amount (\$)	Payee address;	City; State; Zip Code	
250	201 W. House ST.	Alvin Tx 7751)	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Dona Iron	
1 [1 2	Check if travel outside of Texas. Complete Schedule T.	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			

SCHEDULE F1

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

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Polli / Gifl/Awards/Memorials Expense Prin	n Repayment/Reimbursement te Overhead/Rental Expense ing Expense ting Expense ries/Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a category)	oment & Related Expense
Oreal Caror ayment	The Instruction Guide explains how	v to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME STACY L. Ao	Ams	3 Filer ID (Ethic	s Commission Filers)
4 Date 3/19	5 Payee name Pearland Neigh	horhous Cente	es	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
225	2335 N. TEXAS	Pearland	Tx	77581
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Tickets	
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin	, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 5/19	Payee name Peasland Neighbur	how Center		
Amount (\$)	Payee address;	City;	State;	Zip Code
125	2335 N. TEXAS	Pearland	Tx	77581
*	Category (See Categories listed at the top of this schedul	e) Description		
PURPOSE OF EXPENDITURE	المنالم به درا	Asstra	Item AT	FUNDRAISE
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin	, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 3/23	Payee name Pearland Rota	ey CLUB		H= 10 10 10 10 10 10 10 10 10 10 10 10 10
Amount (\$) 175	Payee address;	City; Pearlant	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	TABLE Spu	SO- AT	.A. SER

Office held

Check if Austin, TX, officeholder living expense

Office sought

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense Office Over Polling Expense Printing Expense Printing Expense	rhead/Rental Expense Transportation Travel In Distravel In Distravel Out O Other (enter a second process)	
1 Total pages Schedule F1:	2 FILER NAME STALY L. AD	ams 3 Filer ID	(Ethics Commission Filers)
4 Date 5/25	5 Payee name MosiAC IN AL	tion	
6 Amount (\$)	7 Payee address;	City; Sta	te; Zip Code
100	2535 BROADWAY	PENTLAND 17	77581
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1.7
PURPOSE OF EXPENDITURE	Donation	Raffle Ticket	3
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehold	er living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 5/20	Payee name Houston Cidrowick	e	
Amount (\$)	Payee address;	City; Sta	te; Zip Code
47	Ro. Box 4260	Howard T	× 77210
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Rep/Subscription	Subscription	
	Checkif travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehold	er living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 5/8	Payee name KROGIZR		
Amount (\$)	Payee address;	City; Sta	
66	3100 S. GURDON	Almo Ti	× 77511
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Employee Birthday	f
201	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehold	er 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)			
Advertising Expense Event Expense Loan Repayment/Reimbursement Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Food/Beverage Expense Polling Expense Printing Expense Printing Expense Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. Event Expense Food/Beverage Expense Polling Expense Printing Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME STACY L. ADAM	3 Filer ID (Ethics Commission Filers)	
4 Date 5/10	5 Payee name Roy Castillo Ca.	margn	
6 Amount (\$)	7 Payee address; WiTH HELL	City; State; Zip Code Petrland 1x 77581	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Canpaign Down 1:00 (c) Check if traveloutside of Texas. Complete Schedule T.	(b) Description (Augarque Dowation) Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held TP 3-2 TP 3-2	
Date 5/13	Pearlaws Exch	aware Club	
Amount (\$)	Payee address; 3100 BROADWAY	City; State; Zip Code Persham Tx 77581	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Raffle Tiggets AT CAR Show	
of bush	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date 5/21	Payee name Go DAPDY		
Amount (\$)	Payee address;	City; State; Zip Code	
210	2150 E. WARNER	Tempe AZ 85218	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICIR Exp Webs. Le	Donain Name Renewal	
	Check if travel outside of Texas, CompleteScheduleT,	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 CODIES OF THIS	COLLEGIA E ACALEEDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political CreditCard Payment	Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp	pense Travel Out Of District ages/Contract Labor Other (enter a category not listed above)						
Total pages Schedule F1: 2 FILER NAME STACY L. ADAML 3 Filer ID (Ethics Commission Filers)								
4 Date 6/5	5 Payee name PUS Boys BASEBALL	· - J-3,						
6 Amount (\$)	7 Payee address; 3775 S. MAIN	City; State; Zip Code Pearland Tx 77581						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Foud Expense	Dinner For Boys Breball Teary						
	(c) Check if travel outside of Texas. Complete Schedule T.	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 6/17	Payee name Musaic In Ac	Low						
Amount (\$) 100	Payee address; 2535 BROADWAY	City; State; Zip Code Pearland Tx 77581						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description LINIE DONATION - SUpplies						
	Check if travel outside of Texas. Complete Schedule T.	Check I Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held						
Date 6/17	Payee name W PRW							
Amount (\$) 500	Payee address; 8325 BROADWAY Ste. 20	City; State; Zip Code Zip Code 77581						
PURPOSE OF EXPENDITURE	Event Exp/Sponsa-ship	Provely Ressponsor						
	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						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense Office Over Polling Expense Printing Expense I Committee Legal Services Salaries M	xpense Travel Out Of District Vages/ContractLabor Other (enter a category not listed above)						
The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1:	2 FILER NAME STACY L. AD.	3 Filer ID (Ethics Commission Filers)						
4 Date 6/20	5 Payee name Pearland Turchdown Club							
6 Amount (\$)	7 Payee address;	City; State; Zip Code						
300 =	P.O. Box 250	PEarland Tx 77588						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
PURPOSE OF EXPENDITURE	Advertising Exp.	FOUTBALL Media GUIDE AD						
	(c) Check if travel outside of Texas. Complete Schedule T.	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 6/20	Dawson Football Bo	oster Club						
Amount (\$)	Payee address;	City; State; Zip Code						
300	P.O. Box 250	Pearland Tx 77588						
1	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF EXPENDITURE	Aprentising Exp	FUOTBALL MEDIA GUIDR AD						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held						
Date 6/20	Military Mons & W	INES						
Amount (\$)	Payee address;	City; State; Zip Code						
100	313 W. Mulberry	Angleton Tx 77515						
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF EXPENDITURE	Douation	Rattle Ticket for Fundaism						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held						
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED						
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office Ovi Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
Credit Card Payment The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1:	edule F1: 2 FILER NAME. STALY L. ADAMS 3 Filer ID (Ethics Commission Filers)							
4 Date 6/7	5 Payee name HAPPY TACOS							
6 Amount (\$) <u>04</u>	7 Payee address; 1468 Bypass 35	City; Alvin	State; Zip Code					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Four D Expense (b) Description Pet 3 Employer Lunch							
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense					
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held					
Date ()/30	Payee name Louiseling Connection	ى د						
Amount (\$)	Payee address;	City;	State; Zip Code					
256	2549 Ray Rd.	Tx 77581						
	Category (See Categories listed at the top of this schedule)	Description						
PURPOSE OF EXPENDITURE	Donation	Sponsor of BBQ Fundraiser						
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held					
Date 6/16	Payee name Mc Afec							
Amount (\$) 36	Payee address;	City;	State; Zip Code					
162	6220 America Center Da	2 SANJO	ose CA 9:4088					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICIE Expresse	Description	ouputer Expense					
ra IIv p	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

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/Politica Credit Card Payment	Committee Legal Services	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense ies/Wages/Contract Labor to complete this form.	head/Rental Expense pense pense pense pense pense pense pense ages/Contract Labor Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
1 Total pages Schedule F1:	2 FILER NAME STACY L. ADAMS 3 Filer ID (Ethics Commission							
4 Date 6/19	5 Payee name KROGER							
6 Amount (\$) 75	7 Payee address;	ADWAY	City; Pearland	State;	zip Code 77581			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories			(b) Description Pet 3 Employee Lunch				
	(c) Check if travel outs	de of Texas. Complete Schedule	T. Check if Austi	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 6/19	Payee name	3						
Amount (\$) 22	Payee address; 2710 Pearl	AND PKMY.	Pearlawis					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description P21-3 Emp	Description Rf 3 Employer Lunch				
	Check if travel outside of Texas. Complete Schedule T.		T. Check i Austi	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officehold	der name	Office sought	0- II- (-)	Office held			
Date 6/24	Payee name	JA .	5 13		7" T			
Amount (\$) 120	Payee address;	SAR Chavez	Austin	State;	Zip Code 78702			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE / Computer Expense			/SOCIAL ME	dia Esp.			
7 (2" 8	Check if travel outsi	de of Texas. Complete Schedule	Check if Austi	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeho	der name	Office sought		Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (Augustus Augustus History Bussel)

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 3 Filer ID (Ethics Commission Filers) 4 Date 5 Pavee name 6 Amount (\$ 7 Payee address; State: Zip Code 1310 N. MAIN (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** MEMORIAL Expense OF **EXPENDITURE** Check if traveloutside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Pavee name City; State; Zip Code Amount (\$) Pavee address: Category (See Categories listed at the top of this schedule) Description PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Zip Code Payee address; City; State: Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED