

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

7805

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 22 2012 APR 30 AM 10:04 Daria DeBeauvoir County Clerk Travis County Texas FILED FOR RECORD
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> MR FIRST: STANLEY LAST: WILSON NICKNAME: _____ MI: J. SUFFIX: _____	Date Received: _____ Date Hand-delivered or Postmarked: _____ Receipt #: _____ Amount: _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX: 909 THAYER CV. PFLUGERVILLE TX 78660 APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (512) PHONE NUMBER: 989-3855 EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> MR FIRST: NELDA LAST: SPEARS NICKNAME: _____ MI: WELLS SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): 11116 AMARANTH LANE APT / SUITE #: _____ CITY: AUSTIN TX STATE: TX ZIP CODE: 78753		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (512) PHONE NUMBER: 278-0288 EXTENSION: _____		
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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year: 12 / 8 / 2011 THROUGH Month Day Year: 4 / 28 / 2012		
11 ELECTION	ELECTION DATE: Month Day Year: 5 / 29 / 2012	ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any): N/A	13 OFFICE SOUGHT (if known): TRAVIS COUNTY TAX ASSESSOR / COLLECTOR	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

STANLEY J. WILSON

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

12,920.00
100

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

7349.85
100

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

5570.15
100

OUTSTANDING LOAN TOTALS

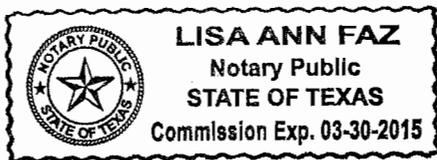
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

Ø

18 AFFIDAVIT

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.



Stanley J. Wilson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Stanley J. Wilson, this the 30 day of April, 20 12, to certify which, witness my hand and seal of office.

Lisa Ann Faz
Signature of officer administering oath

Lisa Ann Faz
Printed name of officer administering oath

Secretary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 1 of 14

2 FILER NAME
STANLEY J. WILSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date
1/5/12

5 Full name of contributor out-of-state PAC (ID#: _____)
STANLEY / RAMONA WILSON
6 Contributor address; City; State; Zip Code
909 THAYER COVE
PELUGERVILLE TX 78660

7 Amount of contribution (\$)
\$ 150⁰⁰/₁₀₀
(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date
1/9/12

Full name of contributor out-of-state PAC (ID#: _____)
UNIVERSAL AUTO TITLE SERVICE
Contributor address; City; State; Zip Code
2105 JUSTIN LN #106
AUSTIN TX 78757

Amount of contribution (\$)
\$ 1000⁰⁰/₁₀₀
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
AUTO TITLE SERVICE

Employer (See Instructions)

Date
1/10/12

Full name of contributor out-of-state PAC (ID#: _____)
FRY AUTO TITLE SERVICE
Contributor address; City; State; Zip Code
3005 S. LAMAR BLD. STE B-105A
AUSTIN, TX 78704

Amount of contribution (\$)
\$ 750⁰⁰/₁₀₀
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
AUTO TITLE SERVICE

Employer (See Instructions)

Date
1/11/12

Full name of contributor out-of-state PAC (ID#: _____)
AUTO TITLE SERVICE
Contributor address; City; State; Zip Code
2321 B CESAR CHAVEZ
AUSTIN TX 78702

Amount of contribution (\$)
\$ 1000⁰⁰/₁₀₀
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
AUTO TITLE SERVICE

Employer (See Instructions)

Date
1/14/12

Full name of contributor out-of-state PAC (ID#: _____)
AUSTIN RISING FAST MOTOR CARS
Contributor address; City; State; Zip Code
8024 IH-35 NORTH
AUSTIN TX 78753

Amount of contribution (\$)
\$ 250⁰⁰/₁₀₀
(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)
AUTO SALES

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **2 of 14**

2 FILER NAME

STANLEY J. WILSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/14/12

5 Full name of contributor out-of-state PAC (ID#: _____)

QUALITY PLUMBING

6 Contributor address; City; State; Zip Code

**105 OLYMPIC DR.
PFLUGERVILLE TX 78660**

7 Amount of contribution (\$)

\$200~~00~~⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
3 of 14

2 FILER NAME

STANLEY J. WILSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

1/19/12

5 Full name of contributor

JEFFREE A. JAMES, M.D.

6 Contributor address; City; State; Zip Code

**AUSTIN MEDICAL CLINIC EAST
3232 M.L.K. JR. BLVD.
AUSTIN, TX 78721**

7 Amount of contribution (\$)

\$300⁰⁰/₁₀₀

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

DOCTOR

10 Employer (See Instructions)

Date

1/19/12

Full name of contributor

BENNY M. LEE

Contributor address; City; State; Zip Code

**P.O. Box 818
KOUNTZE, TX 77625-0818**

Amount of contribution (\$)

\$50⁰⁰/₁₀₀

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

EDUCATOR

Employer (See Instructions)

Date

1/31/12

Full name of contributor

PATTI HAYES / MARK D SMITH

Contributor address; City; State; Zip Code

**5008 CALHOUN CANYON LOOP
AUSTIN, TX 78735-6450**

Amount of contribution (\$)

\$50⁰⁰/₁₀₀

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

ACCOUNTANT

Employer (See Instructions)

Date

2/6/12

Full name of contributor

Hwy 290 VENTURE JSM, LP.

Contributor address; City; State; Zip Code

**5611 Hwy 290 WEST
AUSTIN, TX 78735**

Amount of contribution (\$)

\$1000⁰⁰/₁₀₀

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/6/12

Full name of contributor

JAMES H. LEE

Contributor address; City; State; Zip Code

**6208 SPEYSIDE DR.
MANOR, TX 78653**

Amount of contribution (\$)

\$50⁰⁰/₁₀₀

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A

4 of 14

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

STANLEY J. WILSON

4 Date

5 Full name of contributor out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

2/15/12

Bob Blankenship
 Contributor address; City; State; Zip Code
 Texas Auto Center, LP
 P.O. Box 152155
 Austin TX 78715-2155

\$1,500.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Auto Sales

Date

Full name of contributor out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/27/12

JAMES O. COLLINS
 Contributor address; City; State; Zip Code
 P.O. Box 817
 LUBBOCK, TX 79408

50⁰⁰/₁₀₀

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/27/12

JOSEPH T. OR ANITA C. LONGORIA
 Contributor address; City; State; Zip Code
 502 COLUMBIA STREET
 HOUSTON, TX 77007

50⁰⁰/₁₀₀

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/27/12

DAVID H OR SANDY M. GRIFFIN
 Contributor address; City; State; Zip Code
 117 HUCKS HIDEAWAY
 DRIPPING SPRINGS TX 78620

50⁰⁰/₁₀₀

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Amount of contribution (\$)

In-kind contribution description (if applicable)

2/27/12

TERRY ANN WHITE
 Contributor address; City; State; Zip Code
 3517 KENSINGTON
 AMARILLO, TX

50⁰⁰/₁₀₀

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 5 of 14

2 FILER NAME

STANLEY J. WILSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/27/12

5 Full name of contributor out-of-state PAC (ID#)

JOHN T. BANKS

7 Amount of contribution (\$)

50⁰⁰/₁₀₀

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

2811 LONCOLA COURT
ROUND ROCK, TX 78681

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/27/12

Full name of contributor out-of-state PAC (ID#)

SERGIO E. GARCIA, JR

Amount of contribution (\$)

50⁰⁰/₁₀₀

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

5906 DOWN VALLEY CT.
AUSTIN, TX 78731

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/12

Full name of contributor out-of-state PAC (ID#)

LAMAR OR JEANMARIE BAER

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3303 KESSLER
WICHITA FALLS, TX 76309

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/12

Full name of contributor out-of-state PAC (ID#)

TAB OR BONNIE BEALL

Amount of contribution (\$)

50⁰⁰/₁₀₀

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 1513
TYLER, TX 75710-1513

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/12

Full name of contributor out-of-state PAC (ID#)

DR MONTE OR LAURA MONROE

Amount of contribution (\$)

50⁰⁰/₁₀₀

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4514 16TH ST.
LUBBOCK, TX 79416

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

6 of 14

2 FILER NAME

STANLEY J. WILSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/27/12

5 Full name of contributor out-of-state PAC (ID#)

MICHAEL OR DEBBIE DARLOW

6 Contributor address; City; State; Zip Code

5201 HUISACHE STREET
BELLAIRE, TX 77401

7 Amount of contribution (\$)

50⁰⁰/₁₀₀

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/27/12

Full name of contributor out-of-state PAC (ID#)

ROBERTA MOTT / LINDA NATTOS

Contributor address; City; State; Zip Code

2911 JULIAN STREET
HOUSTON, TX 77009-7113

Amount of contribution (\$)

50⁰⁰/₁₀₀

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/12

Full name of contributor out-of-state PAC (ID#)

DONALD B. ROSEMAN

Contributor address; City; State; Zip Code

701 KUHLMAN RD.
HOUSTON, TX 77024

Amount of contribution (\$)

50⁰⁰/₁₀₀

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/12

Full name of contributor out-of-state PAC (ID#)

CARL O. SANDIN

Contributor address; City; State; Zip Code

545 STUDEWOOD ST.
HOUSTON, TX 77007

Amount of contribution (\$)

50⁰⁰/₁₀₀

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/12

Full name of contributor out-of-state PAC (ID#)

R. GREGORY EAST

Contributor address; City; State; Zip Code

7122 DEWBERRY SHORES LN.
HUMBLE TX 77396

Amount of contribution (\$)

50⁰⁰/₁₀₀

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **7 p 14**

2 FILER NAME

STANLEY J. WILSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/27/12

5 Full name of contributor out-of-state PAC (ID# _____)

ELIZABETH B. CALVO

6 Contributor address; City; State; Zip Code

**1108 WISHING WELL CT.
CEDAR HILL, TX 75104**

7 Amount of contribution (\$)

50⁰⁰/₁₀₀

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/27/12

Full name of contributor out-of-state PAC (ID# _____)

KEVIN OR STEPHANIE BRENNAN

Contributor address; City; State; Zip Code

**6708 STONEHAM
AMARILLO, TX 79109**

Amount of contribution (\$)

50⁰⁰/₁₀₀

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/12

Full name of contributor out-of-state PAC (ID# _____)

OWEN OR STACY SONIK

Contributor address; City; State; Zip Code

**106 WHIPPLE DR.
BELLAIRE, TX 77401-5339**

Amount of contribution (\$)

50⁰⁰/₁₀₀

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/12

Full name of contributor out-of-state PAC (ID# _____)

JASON OR KATHY BAILEY

Contributor address; City; State; Zip Code

**4428 LAFAYETTE STREET
BELLAIRE TX 77401**

Amount of contribution (\$)

50⁰⁰/₁₀₀

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID# _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 8 of 14

2 FILER NAME

STANLEY J. WILSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/27/12

5 Full name of contributor out-of-state PAC (ID#)

MARLA & MICHAEL SIWIERKA

6 Contributor address; City; State; Zip Code

5507 DEERBOURNE CHASE DR
SUGARLAND, TX 77479

7 Amount of contribution (\$)

50⁰⁰₁₀₀

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/27/12

Full name of contributor out-of-state PAC (ID#)

TOMMY OR DEBBIE ELLISON

Contributor address; City; State; Zip Code

4608 - 87TH STREET
LUBBOCK TX 79424-2605

Amount of contribution (\$)

50⁰⁰₁₀₀

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/29/12

Full name of contributor out-of-state PAC (ID#)

UNIVERSAL AUTO TITLE SERVICE

Contributor address; City; State; Zip Code

2105 JUSTIN LN. #106
AUSTIN, TX 78757-2412

Amount of contribution (\$)

1500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/12

Full name of contributor out-of-state PAC (ID#)

WILLIE L. LOCKRIDGE

Contributor address; City; State; Zip Code

1605 CRICKETT HOLLOW DR.
AUSTIN, TX 78758

Amount of contribution (\$)

100⁰⁰₁₀₀

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11

Full name of contributor out-of-state PAC (ID#)

FRIANITA R. WILSON

Contributor address; City; State; Zip Code

105 OLYMPIC DR.
PELUGERVILLE TX 78660

Amount of contribution (\$)

\$100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The instruction guide explains how to complete this form.

1 Total pages Schedule A: 9 of 14

2 FILER NAME

STANLEY J. WILSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/23/12

5 Full name of contributor out-of-state PAC (ID# _____)

DWYANN MACKLIN

6 Contributor address; City; State; Zip Code

2171 CAPITOL AVE
EAST PALO ALTO, CA 94303

7 Amount of contribution (\$)

20⁰⁰/₁₀₀

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/22/12

Full name of contributor out-of-state PAC (ID# _____)

DOUGLAS C. WILSON

Contributor address; City; State; Zip Code

105 OLYMPIC DR.
PFLUGERVILLE, TX 78660

Amount of contribution (\$)

20⁰⁰/₁₀₀

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/12

Full name of contributor out-of-state PAC (ID# _____)

LAMAR OR M. LINDA BERRY

Contributor address; City; State; Zip Code

4801 HILLSPRING CIRCLE
AUSTIN, TX 78721

Amount of contribution (\$)

200⁰⁰/₁₀₀

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/12

Full name of contributor out-of-state PAC (ID# _____)

LAMAR OR M. LINDA BERRY

Contributor address; City; State; Zip Code

4801 HILLSPRING CIRCLE
AUSTIN, TX 78721

Amount of contribution (\$)

40⁰⁰/₁₀₀

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/12

Full name of contributor out-of-state PAC (ID# _____)

LAMAR OR M. LINDA BERRY

Contributor address; City; State; Zip Code

4801 HILLSPRING CIRCLE
AUSTIN, TX 78721

Amount of contribution (\$)

20⁰⁰/₁₀₀

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 10 of 14

2 FILER NAME

STANLEY J. WILSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/28/12

5 Full name of contributor

ANTHONY V. MONROE SR.

6 Contributor address; City; State; Zip Code

7210 PROVIDENCE
AUSTIN, TX 78752

7 Amount of contribution (\$)

100⁰⁰
100

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/31/12

Full name of contributor

MILDRED SNEED

Contributor address; City; State; Zip Code

3628 QUIETTE DR.
AUSTIN, TX 78754-4927

Amount of contribution (\$)

25⁰⁰
100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Date

4/1/12

Full name of contributor

STEPHANIE M. WILSON

Contributor address; City; State; Zip Code

4807 WALDEN CIR.
AUSTIN TX 78723-6136

Amount of contribution (\$)

100⁰⁰
100

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Nurse

Employer (See Instructions)

Date

4/11/12

Full name of contributor

Connie H. Spears

Contributor address; City; State; Zip Code

5337 Westminster
Austin TX 78723

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/23/12

Full name of contributor

Family and Friends Event

Contributor address; City; State; Zip Code

Cash Contribution

Amount of contribution (\$)

10⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **11 of 14**

2 FILER NAME

STANLEY J. WILSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/23/12

5 Full name of contributor out-of-state PAC (ID#)

DOUGLAS C. WILSON

6 Contributor address; City; State; Zip Code

**105 OLYMPIC DR.
PELLUGERVILLE TX 78660**

7 Amount of contribution (\$)

100⁰⁰/₁₀₀

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

INSPECTOR GENERAL

10 Employer (See Instructions)

Date

11

Full name of contributor out-of-state PAC (ID#)

STACIE J. WILSON

Contributor address; City; State; Zip Code

**819 PLAKIA DR.
MESQUITE TX 75150**

Amount of contribution (\$)

100⁰⁰/₁₀₀

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

Date

11

Full name of contributor out-of-state PAC (ID#)

DEBORAH DUNCAN

Contributor address; City; State; Zip Code

**1500 SUFFOLK DR.
AUSTIN, TX 78723**

Amount of contribution (\$)

100⁰⁰/₁₀₀

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11

Full name of contributor out-of-state PAC (ID#)

FRIENDS/FAMILY of STAD WILSON

Contributor address; City; State; Zip Code

**FUND RAISER
CASH CONTRIBUTIONS**

Amount of contribution (\$)

506⁰⁰

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/12

Full name of contributor out-of-state PAC (ID#)

JAMES E/ LAURA F. THOMPSON

Contributor address; City; State; Zip Code

**5302 BEECHMOOR DR.
AUSTIN, TX 78723**

Amount of contribution (\$)

100⁰⁰/₁₀₀

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **128 14**

2 FILER NAME

STANLEY J. WILSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

3/23/12

5 Full name of contributor out-of-state PAC (ID# _____)

LOIS SHELTON

6 Contributor address; City; State; Zip Code

**1409 VANILLA BEAN DR.
PFLUGERVILLE, TX 78660**

7 Amount of contribution (\$)

**3400
100**

(If travel outside of Texas, complete Schedule T)

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

3/22/12

Full name of contributor out-of-state PAC (ID# _____)

STACIE J. WILSON

Contributor address; City; State; Zip Code

**819 PLACID DR.
MESQUITE, TX 75150**

Amount of contribution (\$)

**100⁰⁰
100**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/12

Full name of contributor out-of-state PAC (ID# _____)

AGNES HURD

Contributor address; City; State; Zip Code

**4801 MILLKIN COVE
AUSTIN, TX 78723**

Amount of contribution (\$)

**100⁰⁰
100**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/12

Full name of contributor out-of-state PAC (ID# _____)

STANLEY OR RAMONA WILSON

Contributor address; City; State; Zip Code

**909 THAYER COVE
PFLUGERVILLE, TX 78660**

Amount of contribution (\$)

**200⁰⁰
100**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/12

Full name of contributor out-of-state PAC (ID# _____)

BESSIE HICKS MAYFIELD

Contributor address; City; State; Zip Code

**14301 KINCHELOE ST.
AUSTIN, TX 78725-1733**

Amount of contribution (\$)

**2500
100**

(If travel outside of Texas, complete Schedule T)

In-kind contribution description (if applicable)

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.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

13 of 14

2 FILER NAME

STANLEY J. WILSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/11/12

5 Full name of contributor out-of-state PAC (ID# _____)

James Wells

6 Contributor address; City; State; Zip Code

Austin TX

7 Amount of contribution (\$)

25⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/11/12

Full name of contributor out-of-state PAC (ID# _____)

Kathy E. Taylor

Contributor address; City; State; Zip Code

5301 Abingdon Place
Austin TX 78723

Amount of contribution (\$)

200⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Nurse

Employer (See Instructions)

Date

4/11/12

Full name of contributor out-of-state PAC (ID# _____)

Laura F. Thompson

Contributor address; City; State; Zip Code

5302 Beechmoor Dr
Austin TX 78723

Amount of contribution (\$)

25⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/12

Full name of contributor out-of-state PAC (ID# _____)

Robert Braden

Contributor address; City; State; Zip Code

12804 Poquoson Dr
Austin TX 78727

Amount of contribution (\$)

50⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/29/12

Full name of contributor out-of-state PAC (ID# _____)

James M. Rath

Contributor address; City; State; Zip Code

P O Box 7923
Austin TX 78713-7923

Amount of contribution (\$)

20⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:
14 of 14

2 FILER NAME

STANLEY J. WILSON

3 ACCOUNT # (Ethics Commission Filers)

4 Date

4/19/2012

5 Full name of contributor out-of-state PAC (ID#:

Sharon C. Bennett-O'Bryant

6 Contributor address; City; State; Zip Code

**6804 Millikin Cove
Austin TX 78723-2245**

7 Amount of contribution (\$)

25⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4/27/2012

Full name of contributor out-of-state PAC (ID#:

Auto Title Service

Contributor address; City; State; Zip Code

**2321 B. East Cesar Chavez
Austin TX 78702**

Amount of contribution (\$)

1500⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/2012

Full name of contributor out-of-state PAC (ID#:

Terry D. Gordon

Contributor address; City; State; Zip Code

**13 Clay
Angleton TX 77515**

Amount of contribution (\$)

60⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/1/12

Full name of contributor out-of-state PAC (ID#:

Ramona Wilson

Contributor address; City; State; Zip Code

**909 Thayer Cove
Pflugerville TX 78660**

Amount of contribution (\$)

10⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Nurse

Employer (See Instructions)

Date

4/9/12

Full name of contributor out-of-state PAC (ID#:

Ramona Wilson

Contributor address; City; State; Zip Code

**909 Thayer Cove
Pflugerville TX 78660**

Amount of contribution (\$)

5⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

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.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 5	2 FILER NAME STANLEY J. WILSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 1/29/12	5 Payee name RANDALL CANNADY
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6 Amount (\$) \$ 336 ⁵² / ₁₀₀	7 Payee address; City; State; Zip Code KANDYMAN.COM P.O. Box 6075 ROUND ROCK TX 78683
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER	(b) Description (If travel outside of Texas, complete Schedule T) WEB SITE DEVELOPMENT
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/9/12	Payee name CITY STAMP & SEAL Co.
----------------	-------------------------------------

Amount (\$) \$ 18 ²⁰ / ₁₀₀	Payee address; City; State; Zip Code 1308 W. ANDERSON LN. SUITE A. AUSTIN TX 78757
---	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) RUBBER STAMP
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/01/12	Payee name LONGHORN TROPHIES INC.
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Amount (\$) \$ 17 ⁰⁰ / ₁₀₀	Payee address; City; State; Zip Code 4912 BURNET RD. AUSTIN TX 78756
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) NAME BAGGES (2)
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/9/12	Payee name SUPER CHEAP SIGNS *(SEE SCH. G)
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Amount (\$) \$ 3516 ⁷⁶ / ₁₀₀	Payee address; City; State; Zip Code 9804 GRAY BLVD. AUSTIN TX 78758 CARD #5053
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS (200)
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 of 5		2 FILER NAME STANLEY J. WILSON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/10/12		5 Payee name SUPER CHEAP SIGNS			
6 Amount (\$) \$ 64.95 / 100		7 Payee address; City; State; Zip Code 2804 GRAY BLVA. AUSTIN, TX 78758			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	
Date 4/8/12		Payee name WEIRD MAGAZINE			
Amount (\$) \$ 550.00 / 100		Payee address; City; State; Zip Code 1773 WELLS BRANCH #621 AUSTIN, TX 78728			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		Description (If travel outside of Texas, complete Schedule T) MAGAZINE ADS (APRIL/MAY)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	
Date 4/14/12		Payee name HOME DEPOT			
Amount (\$) \$ 148.74 / 100		Payee address; City; State; Zip Code 13309 IH 35 N. AUSTIN TX 78753			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OTHER		Description (If travel outside of Texas, complete Schedule T) MATERIAL (SIGNS)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought / Office held	
Date 4/17/12		Payee name HOME DEPOT			
Amount (\$) \$ 29.23 / 100		Payee address; City; State; Zip Code SAME AS ABOVE			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OTHER		Description (If travel outside of Texas, complete Schedule T) MATERIAL (SIGNS)	
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

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 3 of 5	2 FILER NAME STANLEY J. WILSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/12/12	5 Payee name HOME DEPOT
--------------------------	-----------------------------------

6 Amount (\$) \$ 89 ⁶⁵/₁₀₀	7 Payee address; City; State; Zip Code 13309 IH 35 N. AUSTIN TX 78753
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER	(b) Description (If travel outside of Texas, complete Schedule T) MATERIAL (SIGNS)
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/13/12	Payee name LEWIS SIGNS
------------------------	----------------------------------

Amount (\$) \$ 1000 ⁰⁰/₁₀₀	Payee address; City; State; Zip Code P.O. Box 1665 BUDA, TEXAS 78610
--	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) ROOF BANNER
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/15/12	Payee name HEB
------------------------	--------------------------

Amount (\$) \$ 70 ⁰⁰/₁₀₀	Payee address; City; State; Zip Code 500 CANYON RIDGE DR AUSTIN TX 78753
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION EQUIP.	Description (If travel outside of Texas, complete Schedule T) SIGN DISTRIBUTION
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/20/12	Payee name HOME DEPOT
------------------------	---------------------------------

Amount (\$) \$ 91 ⁸⁰/₁₀₀	Payee address; City; State; Zip Code 13309 IH 35 N. AUSTIN TX 78753
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) MATERIAL (SIGNS)
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4 of 5	2 FILER NAME STANLEY J. WILSON	3 ACCOUNT # (Ethics Commission Filers)
--	--	--

4 Date 4/20/12	5 Payee name HEB
--------------------------	----------------------------

6 Amount (\$) \$ 51³⁶/₁₀₀	7 Payee address; City; State; Zip Code 500 CANYON RIDGE DR. AUSTIN, TX 78753
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) TRANSPORTATION Equip.	(b) Description (If travel outside of Texas, complete Schedule T) SIGN DISTRIBUTION
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/21/12	Payee name HEB
------------------------	--------------------------

Amount (\$) \$ 45⁰⁰/₁₀₀	Payee address; City; State; Zip Code 500 CANYON RIDGE DR. AUSTIN, TX 78753
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) TRANSPORTATION Equip	Description (If travel outside of Texas, complete Schedule T) SIGN DISTRIBUTION
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22/12	Payee name HOME DEPOT
------------------------	---------------------------------

Amount (\$) \$ 79³³/₁₀₀	Payee address; City; State; Zip Code 13309 IH 35 N. AUSTIN TX 78753
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) MATERIAL SIGNS
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/19/12	Payee name SUPER CHEAP SIGNS *(SEE SCH. G)
------------------------	--

Amount (\$) \$ 903⁸⁹/₁₀₀	Payee address; City; State; Zip Code 9804 GRAY BLVD. AUSTIN TX 78758	CARD #5053
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS (500)
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 5 of 5	2 FILER NAME STANLEY J. WILSON	3 ACCOUNT # (Ethics Commission Filers)
--	--	--

4 Date 4/28/12	5 Payee name HOME DEPOT
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6 Amount (\$) \$84.31 / 100	7 Payee address; City; State; Zip Code 13309 IH35 N AUSTIN TX 78753
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER	(b) Description (If travel outside of Texas, complete Schedule T) MATERIAL SIGNS
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/14/12	Payee name NORTHERN TOOL EQUIPMENT
------------------------	--

Amount (\$) \$32.46 / 100	Payee address; City; State; Zip Code 804 BRAKER LANE AUSTIN TX 78753
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER	Description (If travel outside of Texas, complete Schedule T) MATERIAL (SIGNS)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/10/12	Payee name OFFICE MAX
------------------------	---------------------------------

Amount (\$) \$54.65 / 100	Payee address; City; State; Zip Code 1135 4 PARMER LANE AUSTIN TX 78753
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) PRINTER CART.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/18/12	Payee name FLYER STUDIOS / P.K. GRAPHICS
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Amount (\$) \$166.00	Payee address; City; State; Zip Code 420 LINCOLN RD. #390 MIAMI BEACH, FL 33139
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 191	2 FILER NAME STANLEY J. WILSON	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 4/9/12	5 Payee name STANLEY J. WILSON SUPER CHEAP SIGNS (CARD # 5053)
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6 Amount (\$) \$ 3516⁷⁶/₁₀₀ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 9804 GRAY BLVD AUSTIN, TX 78758
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING	(b) Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS (200)
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Date 4/19/12	Payee name STANLEY J. WILSON SUPER CHEAP SIGNS (CARD # 5053)
------------------------	--

Amount (\$) \$ 903⁸²/₁₀₀ <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9804 GRAY BLVD AUSTIN TX 78758
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN SIGNS (500)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED