

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)

\$

990.00

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1828.00

CONTRIBUTION
BALANCE

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

\$

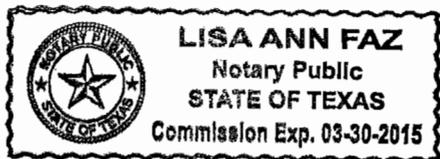
OUTSTANDING
LOAN TOTALS

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

\$

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 21 day of May, 2012, 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 2	
2 FILER NAME STANLEY J. WILSON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/15/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOEL BENNETT	7 Amount of contribution (\$) 250⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1404 FOX TAIL COVE AUSTIN TX 78704		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHAD SWENBERG	Amount of contribution (\$) 50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12975 TRAILS END AUSTIN TX 78737		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUSTY KNIGHT	Amount of contribution (\$) \$100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code AUSTIN TX 78737		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/13/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A.W. A. MAYES	Amount of contribution (\$) \$50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code AUSTIN TX 787		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/7/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAMICA WOODHOUSE	Amount of contribution (\$) 40⁰⁰/₁₀₀	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code AUSTIN TX 787		(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: 2 of 2	
2 FILER NAME STANLEY J. WILSON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/7/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOYCE ADEJUMO	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7701 N. LAMAR SUITE AUSTIN TX 78753		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 FILER NAME STANLEY J. Wilson	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 5/21/12	5 Payee name SUPER CHEAP SIGNS (CARD #5053)
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6 Amount (\$) 1219.98	7 Payee address; City; State; Zip Code AUSTIN TX 787
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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) 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 5/14/12	Payee name U.S POST OFFICE
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Amount (\$) \$ 231.00	Payee address; City; State; Zip Code AUSTIN, TX 787
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) POSTAGE	Description (If travel outside of Texas, complete Schedule T) POSTAL / STAMPS
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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 5/14/12	Payee name FLYER STUDIOS
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Amount (\$) 330.00	Payee address; City; State; Zip Code 1621 SOUTH WEST 5TH COURT PANAMA BEACH FLORIDA 33069
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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) FLYERS
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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 5/14/12	Payee name HOME DEPOT
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Amount (\$) 4702.10	Payee address; City; State; Zip Code HOWARD LN #118 35 AUSTIN TX 78753
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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) SIGN SUPPLIES
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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