

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  <b>8</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>MR</b> FIRST: <b>THEODORE</b> MI: <b>A</b> NICKNAME: <b>TED</b> LAST: <b>STANLEY</b> SUFFIX:	<b>OFFICE USE ONLY</b> Date Received  Date Hand-delivered or Date Postmarked  Receipt #      Amount  Date Processed  Date Imaged	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE <b>PO BOX 8054      THE WOODLANDS, TX 77382</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>(936) 321-5996</b>		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <b>MR</b> FIRST: <b>ANITA</b> MI: <b>B</b> NICKNAME:      LAST: <b>BREKHOFF</b> SUFFIX:		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE <b>10 E. COTTAGE GREEN ST      THE WOODLANDS TX 77382</b>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <b>(281) 294-9204</b>		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <b>03 / 04 / 2010      04 / 06 / 2010</b>		
<b>11 ELECTION</b>	ELECTION DATE      ELECTION TYPE Month      Day      Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <b>05 / 08 / 2010</b>		
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <b>THE WOODLANDS TOWNSHIP DER.</b> <span style="float: right;">P. 2</span>	
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name  Address / PO Box;      Apt. / Suite #;      City;      State;      Zip Code		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

**15 C/OH NAME** \_\_\_\_\_ **16 ACCOUNT # (Ethics Commission Filers)** \_\_\_\_\_

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

\*\* This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

<input type="checkbox"/> <b>GENERAL</b>  <input type="checkbox"/> <b>SPECIFIC</b>  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 215.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2915.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ _____
	4. TOTAL POLITICAL EXPENDITURES	\$ 7945.55
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ _____
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ _____

**19 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.

*Theodore Stanley*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Theodore Stanley, this the 8 day of April, 20 10, to certify which, witness my hand and seal of office.

*Kim D. Cogburn*  
Signature of officer administering oath

Kim D. Cogburn  
Printed name of officer administering oath

*Notary Public*  
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: <b>3</b>	
2 FILER NAME <b>THEODORE A. STANLEY</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/31/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBIN LEDPOLOD</b>	7 Amount of contribution (\$) <b>250<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>3135 CRESCENT OAKS PARK LANE SPRING, TX 77386</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/30/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HOLLY ANDERSON</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>19 TWELVE PINES CT THE WOODLANDS, TX 77381</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/30/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAN LEVERETT</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>62 HUNTSMAN HORN CIR. THE WOODSLAND, TX 77380</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/1/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LOYD MATTHEWS</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>11 REDAUVEN PLACE THE WOODLANDS</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/1/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ARTHUR BREDEHOFF</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>10 E. COTTAGE GREEN ST THE WOODLANDS, TX 77382</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM 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: <b>3</b>	
2 FILER NAME <b>THEODORE A. STANLEY</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>4/1/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GARRY B. WATTS</b>	7 Amount of contribution (\$) <b>\$100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>79 PALMOL BEND CT, THE WOODLANDS TX 77381</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/1/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RITA RAMSEY</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>54 MASON POND PLACE THE WOODLANDS, TX</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/1/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ANTHONY FASONE</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>54 S. WARBLER BEND CT THE WOODLANDS, TX 77382</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/21/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROLAND DUGGERS</b>	Amount of contribution (\$) <b>\$250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>46 HUNNELL WAY SPRING, TX 77382</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>3/30/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KAREN WEST</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>42 W. PALMOL BEND THE WOODLANDS, TX 77381</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3</b>	
2 FILER NAME <b>THEODORE A. STANLEY</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>3/30/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SUSAN KOOIHAN</b>	7 Amount of contribution (\$) <b>4100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>27 RAMBLING RIDGE CT THE WOODLANDS, TX 77381</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>3/31/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>KENNY SPEIGAT</b>	Amount of contribution (\$) <b>9500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO BOX 9645 THE WOODLANDS, TX 77387</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/1/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOHN RENO</b>	Amount of contribution (\$) <b>100</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>63 BRIDGE BERRY AL THE WOODLANDS, TX 77381</b>		(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)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
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**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <b>1</b>
2 FILER NAME <b>THEODORE A STANLEY</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>4/1/10</b>	5 Payee name <b>INTOWN PRINTING</b>	7 Amount (\$) <b>692.80</b>
6 Payee address; City; State; Zip Code <b>3801 KIRBY DR Suite 120 Houston, TX 77098</b>		
8 Purpose of payment (See instructions regarding type of information required.) <b>PUSH CARDS</b> <small>(If travel outside of Texas, complete Schedule T)</small>		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>4/1/10</b>	Payee name <b>AVIA HOTEL</b>	Amount (\$) <b>1119.80</b>
Payee address; City; State; Zip Code <b>9595 SIX PINES DR THE WOODBANDS, TX 77380</b>		
Purpose of payment (See instructions regarding type of information required.) <b>EVENT ROOM &amp; FOOD, GRATUITY FOR KILKOPF</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date <b>4/1/10</b>	Payee name <b>PAYPAL</b>	Amount (\$) <b>21.20</b>
Payee address; City; State; Zip Code <b>2211 N. FIRST ST SAN JOSE, CA 95036</b>		
Purpose of payment (See instructions regarding type of information required.) <b>PAYPAL FEES ON DONATIONS PROCESSED</b> <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
Purpose of payment (See instructions regarding type of information required.) <small>(If travel outside of Texas, complete Schedule T)</small>		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: <b>2</b>
2 FILER NAME <b>THEODORE A. STANLEY</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>3/30/10</b>	5 Payee name <b>MAGNETIKS</b> 6 Payee address; City; State; Zip Code <b>26009 BUODE ROAD, SUITE A400 THE WOODLANDS, TX 77380</b>	8 Amount (\$) <b>1976.25</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>DESIGN &amp; HOST WEBSITE</b> (If travel outside of Texas, complete Schedule T)	
Date <b>3/27/10</b>	Payee name <b>FEDER KINKOS</b> Payee address; City; State; Zip Code <b>1640 LAKE WOODLANDS T THE WOODLANDS, TX 77380</b>	Amount (\$) <b>118.57</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>PRINTING OF HANDOUTS (FLYERS)</b> (If travel outside of Texas, complete Schedule T)	
Date <b>4/1/10</b>	Payee name <b>PARTY CITY</b> Payee address; City; State; Zip Code <b>19189 I-45 SOUTH SHENANDOAH, TX 77385</b>	Amount (\$) <b>37.96</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>BALLOONS FOR KICK OFF EVENT</b> (If travel outside of Texas, complete Schedule T)	
Date <b>3/25/10</b>	Payee name <b>THE WOODLAND CHAMBER OF COMMERCE</b> Payee address; City; State; Zip Code <b>1400 WOODLOCH FOREST DR THE WOODLANDS, TX 77380</b>	Amount (\$) <b>35.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>ATTENDANCE AT MONTHLY BUSINESS LUNCHEON</b> (If travel outside of Texas, complete Schedule T)	
Date <b>3/15/10</b>	Payee name <b>CORPORATE INCENTIVES</b> Payee address; City; State; Zip Code <b>26414 DALLAS DR THE WOODLANDS, TX 77380</b>	Amount (\$) <b>358.74</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) <b>STIPENDS</b> (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: **2**

2 FILER NAME **THEODORE A. STANLEY**

3 ACCOUNT # (Ethics Commission filers)

4 Date <b>4/7/10</b>	5 Payee name <b>CORPORATE INCENTIVES</b>	8 Amount (\$) <b>3606.49</b>
	6 Payee address; City; State; Zip Code <b>26414 OAKRIDGE DR THE WOODLANDS, TX 77380</b>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure (See instructions regarding type of information required.) <b>YARD SIGNS, STICKERS, CAR MAGNETS, TEE SHIRTS</b> (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-326-8508

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filer)	2 Total pages filed: <span style="font-size: 2em; font-weight: bold;">5</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b> NICKNAME <b>TED</b>	FIRST <b>THEODORE</b> LAST <b>STANLEY</b>	MI <b>A</b> SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 8054 THE WOODLANDS TR 77387</b>		OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(936)</b>	PHONE NUMBER <b>321-5996</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR</b> NICKNAME	FIRST <b>ARTHUR</b> LAST <b>BREDEHOFF</b>	MI SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>10 E. COTTAGE GREEN ST THE WOODLANDS, TX 77382</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(281)</b>	PHONE NUMBER <b>296-9204</b>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 9th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <b>4 / 9 / 2010    4 / 30 / 2010</b>		
11 ELECTION	ELECTION DATE Month Day Year <b>05 / 08 / 2010</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>ASSISTANT 2 THE WOODLANDS TOWNSHIP DIRECTOR</b>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.  Name  Address / PO Box    Apt. / Suite #:    City;    State;    Zip Code		

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

**CANDIDATE / OFFICEHOLDER REPORT:  
 SUPPORT & TOTALS**

**FORM C/OH  
 COVER SHEET PG 2**

15 C/OH NAME THEODORE A STANLEY 16 ACCOUNT # (Ethics Commission Filer)

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

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 205
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1255
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1656.65
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	\$

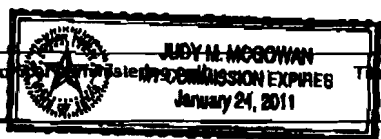
19 AFFIDAVIT  
 I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Theodore A. Stanley  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Theodore A. Stanley, this the 30 day of April, 2010, to certify which, witness my hand and seal of office.

Judy M. McGowan  
 Signature of officer administering oath



Printed name of officer administering oath: JUDY M. MCGOWAN  
 Title of officer administering oath: Notary Public

Revised 04/21/2010

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-326-8506

**POLITICAL CONTRIBUTIONS  
 OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>1</b>	
2 FILER NAME <b>THEODORE A. STANLEY</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>4/24/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) <b>DIANNE LOGAN</b>	7 Amount of contribution (\$) <b>\$100<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>62 VINTAGE PATH PLANE THE WOODLANDS TX 77381</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>4/27/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) <b>BRITTUN SIMMONS</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4801 E BROADWAY, SUITE 501 TULSA, AZ</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/15/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) <b>BRYAN YBATES</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>96 W. STOCKBROCK LANDINGS THE WOODLANDS, TX 77381</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/15/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) <b>PATRICIA DANIELS</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>34 HARBOR COVE DRIVE SPRING, TX 77381</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>4/11/2010</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (OR) <b>ROBERT HEINEMAN</b>	Amount of contribution (\$) <b>100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>55 CHANCERY PL THE WOODLANDS TX 77381</b>		(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.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8606

**POLITICAL EXPENDITURES  
 MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

PAGES 2

**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:	2 FILER NAME <b>THEODORE A. STANLEY</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>3/9/2010</b>	5 Payee name <b>GO DADDY</b>
---------------------------	---------------------------------

6 Amount (\$) <b>54.35</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>14455 N. HAYDEN RD. SCOTTSDALE, AZ 85260</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>SOLICITATION/PUMP AND DUMP</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>WEB SITE DOMAIN NAME COSTS</b>
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Date <b>4/9/2010</b>	Payee name <b>CC ADVERTISING</b>
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Amount (\$) <b>422.10</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>13800 COPPER MINE ROAD HERNDON, VA 20171</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>PHONE CALL OF 4/12/2010</b>
------------------------	--	---

Date <b>4/30/2010</b>	Payee name <b>CC ADVERTISING</b>
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Amount (\$) <b>422.10</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>13800 HERNDON COPPER MINE ROAD HERNDON, VA 20171</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>PHONE CALL OF 4/27/2010</b>
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Date <b>4/29/2010</b>	Payee name <b>CC ADVERTISING</b>
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Amount (\$) <b>422.10</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>13800 COPPER MINE RD. HERNDON, VA 20171</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>PHONE CALL OF 4/29/10</b>
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**POLITICAL EXPENDITURES  
 MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |                     |                             |                                  |  |
|---------------------|-----------------------------|----------------------------------|--|
| Advertising Expense | GM/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       | Printing Expense            | Travel Out Of District           | Candidate/Officeholder/Political Committee |
| Fees                |                             | 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: <b>3</b>	2 FILER NAME <b>THEODORE A. STANLEY</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>4/30/10</b>	5 Payee name <b>HCN - NODOLANAS VILLAGE</b>
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6 Amount (\$) <b>336.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1600 LAKE FRONT CIRCLE THE WOODLAWES, TX 77380</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSES</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>VILLAGE INSERTS</b>
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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
------	------------

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
------	------------

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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