

# 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 Filers)	2 Total pages filed. <b>128</b>				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI				
	NICKNAME	LAST	SUFFIX				
		<b>STAPP</b>					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE				
	8 CLIMBING TRAIL KAUFMAN TX 75142						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(972)	932 4240					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	NICKNAME	LAST	SUFFIX				
		<b>BURT</b>					
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);			APT / SUITE #;	CITY;	STATE;	ZIP CODE
	11818 S. SH 34, ROSSER, TX 75157						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(972)	486 4060					
9 REPORT TYPE	<input checked="" 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 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	THROUGH	Month	Day	Year
	7	01	2011		12	31	2011
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General	<input type="checkbox"/> Special
			4 / 03 / 2012				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	N/A						

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Postmarked

Receipt #

Date Processed

Date Imaged

LAURA A. HUGHES  
COUNTY CLERK

2012 JAN 13 AM 11:40

DEPUTY

GOTO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME Carl C. Stapp

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.

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

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>550<sup>00</sup></u>
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5650<sup>00</sup></u>
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
4. TOTAL POLITICAL EXPENDITURES	\$ <u>5290.10</u>
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2102.68</u>
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>2000.00</u>

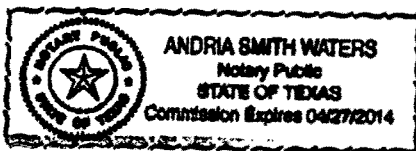
EXPENDITURE TOTALS

CONTRIBUTION BALANCE

OUTSTANDING LOAN TOTALS

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.



Carl C. Stapp  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carl C. Stapp, this the 13th day of January, 20 12, to certify which, witness my hand and seal of office.

Andria Smith Waters Andria Smith Waters Notary  
Signature of officer administering oath Printed name of officer administering oath 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>102 # 5</b>	
2 FILER NAME <b>Carol Q. Stapp</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/3/11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>LEE + JANNICE BYERS</b>	7 Amount of contribution (\$) <b>200<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>1627 OAK BEND DR KAUFMAN 75142</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>CHIEF EXEC OF KAUFMAN Eco DEVELOP</b>		10 Employer (See Instructions) <b>Eco DEVELOP CORP</b>	
Date <b>10/4/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>WENDY THOMAS</b>	Amount of contribution (\$) <b>400<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>PO BOX 26 KAUFMAN, TX 75142</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>PRESIDENT OF THOMAS PS.</b>		Employer (See Instructions) <b>THOMAS PROGRESS SERVICES</b>	
Date <b>10/4/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>WADE HENKS</b>	Amount of contribution (\$) <b>250<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>7722 FM B88 KAUFMAN, TX 75142</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>BUILDER</b>		Employer (See Instructions) <b>SELF</b>	
Date <b>10/4/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JOHN WY COUNTRYMAN</b>	Amount of contribution (\$) <b>\$400<sup>00</sup></b>	In-kind contribution description (if applicable) <b>DIVIDEND FOR 40 IN KIND DONATION</b>
Contributor address; City; State; Zip Code <b>6129 QUAIL RUN KAUFMAN, TX 75142</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>CO TREASURER</b>		Employer (See Instructions) <b>KAUFMAN Co.</b>	
Date <b>10/4/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>RON ROSS</b>	Amount of contribution (\$) <b>500<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>17866 COUNTRY CLUB DR KEMP, TX 75143</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>SELF</b>	

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 5

2 FILER NAME  
CARL C. STAPP

3 ACCOUNT # (Ethics Commission Filers)

4 Date: 9/23/11  
5 Full name of contributor: EDUAR EVANS  
6 Contributor address; City; State; Zip Code: 10520 C.R. 4022 KEMP, TX 75143

7 Amount of contribution (\$): 500<sup>00</sup>  
8 In-kind contribution description (if applicable):  
(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions): RETIRED

10 Employer (See Instructions): SELF

Date: 10/9/11  
Full name of contributor: PRABHA MOHAN, MD  
Contributor address; City; State; Zip Code: PO BOX 1047 KAUFMAN, TX 75142

Amount of contribution (\$): 250<sup>00</sup>  
In-kind contribution description (if applicable):  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): PHYSICIAN

Employer (See Instructions): SELF

Date: 10/4/11  
Full name of contributor: JIM THOMPSON  
Contributor address; City; State; Zip Code: 8590 CR 159 KAUFMAN, TX 75142

Amount of contribution (\$): 500<sup>00</sup>  
In-kind contribution description (if applicable):  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): PRES. OF JAMES R. THOMPSON CONSTRUCTION

Employer (See Instructions): J R THOMPSON CONSTRUCTION

Date: 11/16/11  
Full name of contributor: ART BROWNE  
Contributor address; City; State; Zip Code: PO BOX 625 SECURRY, TX 75158

Amount of contribution (\$): 500<sup>00</sup>  
In-kind contribution description (if applicable):  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): SELF

Employer (See Instructions):

Date: 9/21/11  
Full name of contributor: MRS NORMA FORTNER  
Contributor address; City; State; Zip Code: 4 CUMBER TREE KAUFMAN, TX 75142

Amount of contribution (\$): 100<sup>00</sup>  
In-kind contribution description (if applicable):  
(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions): RETIRED

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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 5**

2 FILER NAME  
**CARL C. STAPP**

3 ACCOUNT # (Ethics Commission Filers)

4 Date  
**10/2/11**

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**SHASHANK DEWEE MD**

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code  
**3600 BINKLEY AVE.  
DALLAS, TX 75205**

**100<sup>00</sup>**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)  
**PHYSICIAN**

10 Employer (See Instructions)

Date  
**9/20/11**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**WILLIAM VANDIKER MD**

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**709 W. HWY 243  
KAUFMAN, TX 75142**

**100<sup>00</sup>**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**PHYSICIAN**

Employer (See Instructions)

Date  
**9/24/11**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**GARRETT GOWDIN**

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**PO Box 1316  
KAUFMAN, TX 75142**

**100<sup>00</sup>**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**SELF EMPLOYED**

Employer (See Instructions)

Date  
**9/24/11**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**JACK TYLER**

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**637 TURNER DR  
TRINIDAD, TX 75163**

**100<sup>00</sup>**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**ENTREPRENEUR**

Employer (See Instructions)

Date  
**10/3/11**

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)  
**ROY FARKELL**

Amount of contribution (\$) | In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code  
**701 W. NASH DR  
KAUFMAN, TX 75142**

**100<sup>00</sup>**

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)  
**RETIRED**

Employer (See Instructions)

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

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

# 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 5**

2 FILER NAME

**DAVID P. STAPP**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

**10/14/11**

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

**BETTY HENRICKSON**

6 Contributor address; City; State; Zip Code

**8672 FM 1388  
KAUFMAN, TX 75142**

7 Amount of contribution (\$)

**100<sup>00</sup>**

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

**INSURANCE**

10 Employer (See Instructions)

Date

**10/4/11**

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

**JASON LUECK**

Contributor address; City; State; Zip Code

**11651 FOREST CREEK PL  
DALLAS, TX 75230**

Amount of contribution (\$)

**100<sup>00</sup>**

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

**10/9/11**

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

**JESSE PRICE**

Contributor address; City; State; Zip Code

**7923 NEUR RD  
LONGMONT, CO 80503**

Amount of contribution (\$)

**100<sup>00</sup>**

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

**10/4/11**

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

**GERALD ROWDEN**

Contributor address; City; State; Zip Code

**2 CUMBER TREE  
KAUFMAN, TX 75142**

Amount of contribution (\$)

**100<sup>00</sup>**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**NO COMMISSIONER**

Employer (See Instructions)

Date

**11/16/11**

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

**GENE OWG MID**

Contributor address; City; State; Zip Code

**300 E 600 KAMP HWY  
KAUFMAN, TX 75142**

Amount of contribution (\$)

**250<sup>00</sup>**

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

**PHYSICIAN**

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. <b>5 OF 5</b>	
2 FILER NAME <b>CARL C. STAPP</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/14/11</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JOHN BURK</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>201 W. MUEBERRY KAUFMAN, TX 75142</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		10 Employer (See Instructions)	
Date <b>11/16/11</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>BARRY R. RATOLIFFE</b>	Amount of contribution (\$) <b>\$100<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>5650 PRINCECUT LN KAUFMAN, TX 75142</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>PERSONNEL MANAGER</b>		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)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <del>10</del>	
2 FILER NAME <b>CARL Q. STAPP</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$			
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  7 Pledgor address;      City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Pledgor address;      City; State; Zip Code	Amount of pledge (\$)	In-kind 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.

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

*ORAC C. STAMP*

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

9 Loan Amount (\$)

6 Is lender a financial institution?  
Y    N

8 Lender address;    City;    State;    Zip Code

*N/A*

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address;    City;    State;    Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?  
Y    N

Lender address;    City;    State;    Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;    City;    State;    Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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

If lender 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.

<b>1</b> Total pages Schedule F: 1 of 3	<b>2</b> FILER NAME CAROL C. STAPP	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 10/27/11	<b>5</b> Payee name GREATER CRAWFORD CHAPTER OF COUNTESS
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<b>6</b> Amount (\$) \$100 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code CRAWFORD, TX 75114
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSES	(b) Description (If travel outside of Texas, complete Schedule T)
---------------------------------	--	---

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 11/16/11	Payee name M. H. EVENTS
------------------	----------------------------

Amount (\$) \$500 <sup>00</sup>	Payee address; City; State; Zip Code 114 N. WASHINGTON KAMUFURAN, TX 75142
------------------------------------	--

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/27/11	Payee name NIXON NOTES
------------------	---------------------------

Amount (\$) \$1248.38	Payee address; City; State; Zip Code 10140 OR 4084 SECURRY, TX 75158
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 11/28/11	Payee name KAUFMAN CO REPUBLICAN PARTY
------------------	---

Amount (\$) \$750 <sup>00</sup>	Payee address; City; State; Zip Code 104 W. GROVE KAUFMAN, TX 75142
------------------------------------	---

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

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.

<b>1</b> Total pages Schedule F: 2013	<b>2</b> FILER NAME CARL C. STAPP	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 10-17-11	<b>5</b> Payee name NIXON NOTES
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<b>6</b> Amount (\$) \$1522 <sup>59</sup>	<b>7</b> Payee address; City; State; Zip Code 10140 OR 4084 SEURRY, TX 75158
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONSUMPTION EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 10-26-11	<b>Payee name</b> US POSTMASTER
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<b>Amount (\$)</b> \$155 <sup>05</sup>	<b>Payee address; City; State; Zip Code</b> POST OFFICE KAUFMAN, TX 75142
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See categories listed at the top of this schedule)</b> FUNDS RAISING EXPENSE	<b>Description (If travel outside of Texas, complete Schedule T)</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 9-16-11	<b>Payee name</b> CIVIL RIGHTS ADVOCACY CENTER
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<b>Amount (\$)</b> \$100	<b>Payee address; City; State; Zip Code</b> 500 S. WASHINGTON KAUFMAN, TX 75142
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See categories listed at the top of this schedule)</b> ADVERTISING EXPENSE	<b>Description (If travel outside of Texas, complete Schedule T)</b>
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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<b>Date</b> 10-4-11	<b>Payee name</b> CHARMONAS TEX-MEX & COUNTRY
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<b>Amount (\$)</b> \$203 <sup>48</sup>	<b>Payee address; City; State; Zip Code</b> 311 TANGER DR TERRELL, TX 75160
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category (See categories listed at the top of this schedule)</b> FOOD & BEVERAGE EXPENSE	<b>Description (If travel outside of Texas, complete Schedule T)</b>
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Complete <u>ONLY</u> 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: <b>3003</b>	2 FILER NAME <b>Carol P. Stapp</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>6-28-11</b>	5 Payee name <b>R &amp; R SCREEN GRAPHICS</b>	
6 Amount (\$) <b>\$ 51.00</b>	7 Payee address; City; State; Zip Code <b>9800 E US HWY 175 KEMP, TX 75143</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>7-5-11</b>	Payee name <b>R &amp; R SCREEN GRAPHICS</b>	
Amount (\$) <b>\$ 31.58</b>	Payee address; City; State; Zip Code <b>9800 E US HWY 175 KEMP, TX 75143</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>Carol C. STAPP</i>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
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<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>N/A</i>
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule)	<b>(b)</b> 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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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