

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers):  
81444

2 Total pages filed:

ce ✓

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>		
	Mr.	Shane	J			
	NICKNAME	LAST	SUFFIX	Date Received		
		Stolarczyk		1/14/22 @ 10:57 am		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	
	[REDACTED]					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
	[REDACTED]			K10		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
	Mr.	Shane	J			
	NICKNAME	LAST	SUFFIX	Date Processed		
		Stolarczyk		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE	
	[REDACTED]					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	[REDACTED]					
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 Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	7	15	21	THROUGH	1	15
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	3	1	22	<input type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
	N/A			Kendall County Judge		
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

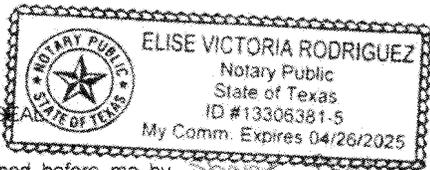
15 C/OH NAME Shane Stolarczyk		16 Filer ID (Ethics Commission Filers) 81444
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 3,850.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,895.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,950.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Shane Stolarczyk this the 19 day of January, 2022, to certify which, witness my hand and seal of office.

Elise Victoria Rodriguez Signature of officer administering oath  
Elise Victoria Rodriguez Printed name of officer administering oath  
Universal Banker Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_ and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
 (street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

19 FILER NAME <b>Shane Stolarczyk</b>		20 Filer ID (Ethics Commission Filers) <b>81444</b>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,850.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 11,895.45
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2</b>
2 FILER NAME <b>Shane Stolarczyk</b>		3 Filer ID (Ethics Commission Filers) <b>81444</b>
4 Date <b>01/11/2022</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Mary Fox</b>	7 Amount of contribution (\$)  <b>300.00</b>
	6 Contributor address; City; State; Zip Code <b>105 River View, Boerne, TX 78006</b>	
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Retired</b>
Date <b>01/03/2022</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Mark &amp; Debra Grandjean</b>	Amount of contribution (\$)  <b>250.00</b>
	Contributor address; City; State; Zip Code <b>28 Swede Springs, Boerne, TX 78006</b>	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>12/31/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Joseph Paolilli</b>	Amount of contribution (\$)  <b>300.00</b>
	Contributor address; City; State; Zip Code <b>117 Majestic Oaks Dr., Boerne, TX 78006</b>	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>12/21/2021</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Leroy Sisco</b>	Amount of contribution (\$)  <b>1,000.00</b>
	Contributor address; City; State; Zip Code <b>11 Thunder Ridge, Boerne, TX 78006</b>	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2</b>
2 FILER NAME <b>Shane Stolarczyk</b>		3 Filer ID (Ethics Commission Filers) <b>81444</b>
4 Date <b>01/03/2022</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Ron &amp; Barb Racinowski</b> 6 Contributor address; City; State; Zip Code <b>205 Village Dr., Boerne, TX 78006</b>	7 Amount of contribution (\$) <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>Retired</b>
Date <b>01/01/2022</b>	Full name of contributor out-of-state PAC (ID# _____) <b>George &amp; Becky Gross</b> Contributor address; City; State; Zip Code <b>29 Persimmon, Boerne, TX 78006</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Shane Stolarczyk		<b>3</b> Filer ID (Ethics Commission Filers) 81444	
<b>4</b> Date 11/17/2021	<b>5</b> Payee name Circle H Signs			
<b>6</b> Amount (\$) 10,933.25 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address: 113 S Plant Ave, Boerne, TX 78006		City:	State:
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising		<b>(b)</b> Description Signs	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date 12/10/2021	Payee name Minuteman Press			
Amount (\$) 481.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 12001 Network Blvd, No. 115, San Antonio, TX 78249		City:	State: Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Circular/Flyer	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date 01/03/2022	Payee name Minuteman Press			
Amount (\$) 481.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 12001 Network Blvd, No. 115, San Antonio, TX 78249		City:	State: Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Circular/Flyer	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held

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