

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 Filer)
81444

2 Total pages filed
5

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR Mr. FIRST Shane MI J
NICKNAME LAST Stolarczyk SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX
Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR Mr. FIRST Shane MI J
NICKNAME LAST Stolarczyk SUFFIX

7 CAMPAIGN TREASURER ADDRESS
STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY
(Residence or Business)

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION

9 REPORT TYPE
☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☒ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED
Month Day Year 1 28 22 THROUGH Month Day Year 2 18 22

11 ELECTION
ELECTION DATE Month Day Year 3 1 22
ELECTION TYPE ☒ Primary ☐ Runoff ☐ Other Description
☐ General ☐ Special

12 OFFICE OFFICE HELD (if any) N/A
13 OFFICE SOUGHT (if known) Kendall County Judge

14 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 COMMITTEE NAME
GENERAL COMMITTEE ADDRESS
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY
Date Received 2/18/2022 @ 4:27 PM
Date Hand-Delivered or Date Postmarked
Receipt # Amount \$
Date Processed
Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Shane Stolarczyk

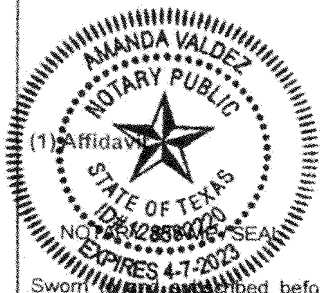
16 Filer ID (Ethics Commission Filers)
81444

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 23,895.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,400.00
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 10, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Shane J Stolarczyk this the 18th day of February, 2022, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Amanda Valdez
Printed name of officer administering oath: Amanda Valdez
Title of officer administering oath: Deputy City Secretary - Fair Oaks Ranch

(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 Shane Stolarczyk		20 Filer ID (Ethics Commission Filers) 81444
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,200.00
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		\$ 23,895.45
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: **1**

2 FILER NAME

Shane Stolarczyk

3 Filer ID (Ethics Commission Filers)

81444

4 Date

02/13/2022

5 Full name of contributor

Jose & Kady Hinojosa

out-of-state PAC ID#

6 Contributor address:

City:

State:

Zip Code

118 S John Bird, Blanco, TX 78606

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

02/05/2022

Full name of contributor

Roxanne Phillips

out-of-state PAC ID#

Contributor address:

City:

State:

Zip Code

215 W. Bandera, Boerne, TX 78006

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

02/06/2022

Full name of contributor

Rankin & Janet D'Spain

out-of-state PAC ID#

Contributor address:

City:

State:

Zip Code

114 Roundup Dr., Boerne, TX 78006

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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)

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 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G 1		2 FILER NAME Shane Stolarczyk		3 Filer ID (Ethics Commission Filers) 81444	
4 Date 02/15/2022		5 Payee name Drogan Group			
6 Amount (\$) 2,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address:		City:	State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Consulting		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address:		City:	State: Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Complete ONLY if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address:		City:	State: Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Complete ONLY if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$)		Payee address:		City:	State: Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Complete ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED