CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 29 1 Filer ID (Ethics Commission Filers) Total pages filed The C/OH Instruction Guide explains how to complete this form. MS MRS MR FIRST 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER Mrs. Stephanie NAME Date Received 1051 NICKTAME SUFFIX Elad 4 CANDIDATE APR 07. 2022 ME SUITE # AN CODE ADDRESS PO HOX STATE OFFICEHOLDER 15251 Camden Lane TX 75035 Frisco MAILING ADDRESS Change of Address 5 CANDIDATE/ AREA CODE THURSE IN MBER ENTENSION Date Handydol yound or Date Postmarked OFFICEHOLDER (858) 735-8904 PHONE Amount S Receipt # MS MRS MR LIRST 6 CAMPAIGN TREASURER Harry Mr. Date Processed NAME LAST NIL KNAME SUFFIX Date Imaged Komsky STREET ADDRESS (NO PU BUX PLEASE). APT / SUITE # city STATE ZIP CODE CAMPAIGN TREASURER 1010 Ocean Breeze Dr. Allen 75013 TX ADDRESS (Re-adence of Business) AREA VIDDE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE (310 977-0071 9 REPORT TYPE 15th day after compaign John day before election Runall January 15 treasurer appointment (Otto-holder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C.OH - FR) Reporting Limit 10 PERIOD Month Day Store Year COVERED 3 28 22 1 1 22 THROUGH 11 ELECTION FLECTION DATE E. FOTION TVO) Primary. Rizmett Other Description Day Mornicipal 5 7 22 Gonutal Special 12 OFFICE OFFICE HELD I MAY! 13 OFFICE SOUGHT of PORADI FISD Board of Trustees, Place 3 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) DEMOTTEE TYPE DUMBITET NAME COMMITTE ACCION 2 OF WEHAL Additional Hajes COVERTEE CAMPAIGN THEADURER NAME SPECIFIC COMMITTEE COMPAIGN TREASON II ALTHOUS I **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 2 CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Emiss Commission Filers) Stephanie Elad 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS INTERPRETARIA 280.00 TOTALS PLEDGES LOADS OR GUARANTEES OF LOADS OR CONTRIBUTIONS MADE ELECTRONICALLY. TOTAL POLITICAL CONTRIBUTIONS 9,940.00 OTHER THAN PLEDGES LOANS OR GUARANTEES OF LOANS! EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE 1,404.36 TOTALS S 12,316.33 TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICA, CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 1,964.01 BALANCE OF REPORTING PERIOD OUTSTANLING TOTAL PROCESSES, AMOUNT OF WILL HUTSTANDING LYTAKS AS DE THE 4,500.00 LOAN TOTALS LAST DAY HE THE REPORTS A PERIOD 18 SIGNATURE I swear of aftern under penalty of pegusy that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Please complete either option below: MICHELE L. CRUTCHER My Notary ID # 333320 Expires June 14, 2024 (1) Affidavit NOTARY STAMP SEAL (2) Unsworn Declaration My name is and my date of both is My address is (street) (Etty) (zip code) (country) (Steenbert at County State of (month) Sandon of Canadate Of cendeer (Destarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Stephanie Elad 20 Filer ID (Ethics Con			mmiss	ion Filers)
		JLE SUBTOTALS F SCHEDULE			SUBTOTAL
1	1	SCHEDULE AT MONETARY POLITICAL CONTRIBUTIONS		S	9,660.00
2	ш	SCHEDULE AZ NON-MONETARY (IN-KIND) POLITICAL CONTRIBU	THOMS	s	1,195.00
3		SCHEDULE B. PLEDGED CONTRIBUTIONS		S	
d,	U	SCHEDULE E LOANS		S	2,500.00
5	SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				9,866.97
1):		SCHEDULE F2 UNPAID INCURRED OBLIGATIONS		ş	
7		SCHEDULE F3. PURCHASE OF INVESTMENTS MADE FROM PO	EITICAL CONTRIBUTIONS	5	
н		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s	
9		SCHEDULE G. POLITICAL EXPENDITURES MADE FROM PERSO	DNAL FUNDS	S	1,017.38
10		SCHEDULE H. PAYMENT MADE FROM POLITICAL CONTRIBUTIO	ONS TO A BUSINESS OF C/OH	s	
11		SCHEDULET NON-POLITICAL EXPENDITURES MADE FROM POLI	TICAL CONTRIBUTIONS	S	
12		SCHEDULE K INTEREST CREDITS GAINS REFUNDS AND CO	NTRIBUTIONS RETURNED	S	

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. 2 FILER NAME 3. Files II) (Filines Commission Files) Stephanie Elad 5 Full name of contributor 7 Amount of contribution (S) autoriotate PAU dDo Sarah Zhu 01/07/2022 100.00 6 Contributor address. 5974 Blazing Star Rd. Frisco TX 75034 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date or testan PAG 1800 Amount of contribution (S) Sandra Eliot 100.00 01/07/2022 Continuen address 3 Moon Dust CA 92603 Irvine Principal occupation (Job title (See Instructions) Employer (See liedun tions) Full mame of contributor Date ice Sisting PAC HER Amount of contribution (\$) Joshua Klinge 100.00 01/07/2022 Contributor address Zip Code 4463 Chevy Chase Ln. Frisco TX 75033 Primipal accupation / Job title (See Instructions) Employer (See Instructions) Full marries of exertidayles Ditte Amount of contribution (\$)

01/07/2022

Dianna Biscan

Contributor address.

Cau

State. Z-p Code

100.00

7714 Element Ave.

Plano

TX 75024

Principal accupation. 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,

SCHEDULE A1

The	Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1
Stephanie			3 Filer ID (Ethics Commission Filers)
1 hate 01/07/2022	Cassidy Johnston 6 Contributor address, City: 8101 Bobwhite Dr. Frisco	State. Zep Code TX 75034	7 Amount of Contribution. (\$)
3 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	thous)
Date	Pull runne of contributor out-of-state	PAC (ID#	Amount of contribution (S)
01/08/2022	Jay Schwartz Contributor address, City, 15178 Beckley Ln. Frisco	State, Zip Code TX 75035	100.00
Principal netur	gation (Jub title (See Instructions)	Employer (See Instruc	tions)
Date: 01/08/2022	Gayle Inbody Communication City 24281 Ontario Ln. Lake Fore	State Ziji Code	500.00
Premipal being	pation / Job title (See Instructions)	Employer (See instruc	itians)
Date 01/08/2022	Full name of contributor Laura Lampert Sanderson Contributor address: City. 4511 La Brea St. Oxnard	State, Zip Godo CA 93035	100.00
Protestina or or	potent Job tille (See Instructions)	Employer (See Instruc	elicnes.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

The	Instruction Guide explains how to complete this t	form.	1 Intal pages Schedule A1
Stephanie	e Elad		3 Filer ID (Ethics Compission Eders)
1 Date 01/09/2022	5 Full name of contributor Heidi Stone 6 Contributor address. City: 15443 Forest Haven Ln. Frisco	State: Zip Gode	7 Amount of contribution (S) 200.00
Date:	Deb & Israel Frankel Contributor address. City. 1109 Lone Lovey Tr. Arlington	State Zip Gode	100.00
Рипсии от ц	oation Job title (See Instructions)	Employer (See Insta	ir tions)
Date 01/14/2022	Jena Masquelier Contributor address. City. 3071 Cape Buffalo Tr. Frisco	State. Zip Code TX 75034	100.00
Principal oct g	mitten (Jub litle (See Instructions)	Employer (Sec-Instru	iclions
Date	Full name of contributor account to the	1) 4	Amount of contribution (\$)
01/15/2022	Jennifer Lazar Continuor address City 10406 Coach House Ln. Frisco	State. Zip Code TX 75035	100.00
	patien Job title (See Instructions)	Employer (See Instri	(clions)

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

SCHEDULE A1

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

in the requested information is not applicable, bo Nor include this page in the report.						
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:			
² FILER NAME Stephanie	Elad		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC Philip Taylor	(ID#)	7 Amount of contribution (S)			
01/15/2022	6 Contributor address; City;	State; Zip Code	500.00			
	2258 Gunnison Tr. Frisco	TX 75033				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)			
Date	ACC POPULATION OF THE PROPERTY OF THE PROPERTY AND A STATE OF THE PROPERTY OF	(ID#)	Amount of contribution (\$)			
01/25/2022	Stephanie Spies-Cunningham Contributor address: City:		500.00			
	Contributor address; City; 9566 Park Garden Dr. Frisco	State: Zip Code TX 75035	300.00			
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Anthea Adair	(IDa:)	Amount of contribution (\$)			
01/29/2002	Contributor address; City: 5609 Twin Cities Ln. McKinney	State: Zip Code	100.00			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lions)			
Date	Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)			
01/29/2022	Tom & Toni Fabry Contributor address; City;	State; Zip Code	250.00			
	7338 Willow Creek Dr. Tyler	and the second s	230.00			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)			
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see Instru					

SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 lotal pages Schedule A1
2 FILER NAME Stephanie	e Elad	7	3 Filer ID (Ethics Commission Filers)
4 Date 02/11/2022	5 Full name of contributor Stephanie Spies-Cunningham 6 Contributor address. City: 9566 Park Garden Dr. Frisco	State Zip Code TX 75035	7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instru	ictions)
)2/11/2022	Michelle Milholland Contributor address. Gity. 6050 Chamberlyne Dr. Frisco	State: Zip Code	500.00
Ринодыв остор	outons Job title (See Instructions)	Employer (See Instru	ictions)
Date 02/22/2022	Gayle Inbody Contributor address: City 24281 Ontario Ln. Lake Fores	State. Zip Gode	500.00
Primapal news	sation (Jol) title (See 46strictions)	Employer (See histre	rbons)
Date 02/22/2022	Full name of contributor Sandra Eliot Contributor address. City.	A yills State: Zip Code	150.00
Proposed design	3 Moon Dust Irvine	CA 92603 Employer (See Instru	130.00

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

The	Instruction Guide explains how to	o complete this	form.	1 Joint names Schedolo At /// 3 File ID (Ethus Commission Files)
Stephanie	e Elad			
4 (Date 02/22/2022 8 Principal occur	5 Full name of contributor Rachel Browning 6 Contributor address: 14914 Huffman Ln.	City, Frisco	Stafe, Zip Code TX 75035 9 Employer (See Instru	7 Amount of contribution (\$) 100.00
Date	Full mane of contributor	oglest Mille PA	i (ID»	Amount of contribution (S)
03/21/2022	Liz Carlin continuor address. 9357 Golendrina Dr.	c _{ity.} La Mesa	State. Zip Code CA 91941	250.00
Pascipal mana	palain i dat title (See Instructions)		Employer (See Institu	change)
Date 03/23/2022	Full name of contributor William Hogsett Contributor address. 2591 Dallas Pkwy. #300	City,	State: Zip Code TX 75034	500.00
Principal policy	pation (lab title (See Instructions)		Employer (See Instru	chans)
Date	Full name of contributor Howard Akin	out-of-state PAI	5 ((Dn)	Amount of contribution (\$)
03/24/2022	Gentinbutor address: 44 Armstrong Dr.	Frisco	TX 75034	500.00
Pencipal occu	puton Job title (See Instructions)		Employer (See Instru	Chroms)

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

SCHEDULE A1

The Instruction Guide explains how to complete this form. 2 FILER NAME Stephanie Elad 4 Date Sult name of contributor Sabrina Adamo-Lomonte Contributor Adamo-Lomonte Date Full name of contributor Contributor Adamo-Lomonte Contributor Amount of contribution Contributor	ir the reques	sted information is not applicable	le, DO NOT ir	iclude th	is page in the	report.
Stephanie Elad 4 Date	The	Instruction Guide explains how t	o complete this	s form.		1 Total pages Schedule A1:
Sabrina Adamo-Lomonte Sabrina Adamo-Lomonte 6 Contributor address: 8936 Frostweed Rd. Frisco TX 75035 8 Principal occupation / Job title (See Instructions) Date 02/25/2022 Full name of contributor Jerry Keating Contributor address: 5629 Blazing Star Frisco TX 75036 Principal occupation / Job title (See Instructions) Date 03/19/2022 Pull name of contributor See Instructions) Employer (See Instructions) Amount of contribution (S) 100.00 Amount of contribution (S) 100.00 TX 75036 Principal occupation / Job title (See Instructions) Date 03/19/2022 Principal occupation / Job title (See Instructions) Date Tyli name of contributor State: Zip Code Tyli name of contributor Tylin Nasquelier Contributor address: City: State: Zip Code Tylin Nasquelier Contributor address: Tylin name of contributor Tylin name of contributor Tylin name of contributor Dianna Biscan Contributor address: City: State: Zip Code Tylin name of contributor Tyli		Elad		a \$400000000000		3 Filer ID (Ethics Commission Filers)
8 Principal occupation / Job title (See Instructions) Date O2/25/2022 Full name of contributor Jerry Keating Contributor address; City: State: Zip Code Jerry Keating Contributor address; City: State: Zip Code Jerry Keating Contributor address; City: State: Zip Code Principal occupation / Job title (See Instructions) Date Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor		AND		C (ID#	1	7 Amount of contribution (S)
8 Principal occupation / Job title (See Instructions) Date O2/25/2022 Full name of contributor Jerry Keating Contributor address; City: State: Zip Code Fincipal occupation / Job title (See Instructions) Date Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Jena Masquelier Contributor address; City: State: Zip Code T714 Element Ave. Plano TX 75024 Principal occupation / Job title (See Instructions) Date Full name of contributor Jena Masquelier Contributor address; City: State: Zip Code T714 Element Ave. Plano TX 75024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (S) 100.00 Amount of contribution (S) 100.00 Amount of contribution (S) Total Contributor	03/28/2022	6 Contributor address;	City:	State:	Zip Code	100 00
Date 02/25/2022 Full name of contributor		8936 Frostweed Rd.	Frisco	TX	75035	100.00
Jerry Keating Contributor address; City: State: Zip Code 5629 Blazing Star Frisco TX 75036 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 03/19/2022 Full name of contributor Jena Masquelier Contributor address; City: State: Zip Code 7714 Element Ave. Plano TX 75024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (S) 100.00 Contributor address: City: State: Zip Code 100.00 Date 100.00 Contributor address: City: State: Zip Code 100.00 Amount of contribution (S) 100.00	8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)		tions)
Date Full name of contributor Contributor address; City: State: Zip Code TX 75036	Date		out-of-state PAG	C (ID#	\	Amount of contribution (\$)
Date Full name of contributor Contributor Contributor Date Principal occupation / Job title (See Instructions) Employer (See Instructions)	02/25/2022		Cilv:	State:	Zio Code	100 00
Date Full name of contributor out-of-state PAC (ID#:			100 March 1990	5255000		100.00
Jena Masquelier Contributor address; City: State: Zip Code 7714 Element Ave. Plano TX 75024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 03/21/2022 Full name of contributor Dianna Biscan Contributor address: City: State: Zip Code 7714 Element Ave. Plano TX 75024	Principal occup	pation / Job title (See Instructions)		Emple	oyer (See Instruct	tions)
Contributor address; City; State; Zip Code 7714 Element Ave. Plano TX 75024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 03/21/2022 Full name of contributor Dianna Biscan Contributor address: City: State; Zip Code 7714 Element Ave. Plano TX 75024 100.00 Amount of contribution (\$)	Date	Full name of contributor	out-of-state PAG	C (ID#:		Amount of contribution (\$)
Contributor address; City: State: Zip Code 7714 Element Ave. Plano TX 75024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 03/21/2022 Full name of contributor Dianna Biscan Contributor address: City: State: Zip Code 7714 Element Ave. Plano TX 75024	03/19/2022	Jena Masquelier				400 00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Dianna Biscan Contributor address: City: State: Zip Code 7714 Element Ave. Plano TX 75024 Employer (See Instructions) Amount of contribution (\$)	00,10,2022		990865 T	02000000000		100.00
Date 03/21/2022 Full name of contributor Dianna Biscan Contributor address: City: State: Zip Code 7714 Element Ave. Plano TX 75024 Amount of contribution (\$)		7714 Element Ave.	Plano	TX	75024	NET 200 -001 PER 100
03/21/2022 Dianna Biscan Contributor address: City: State: Zip Code 7714 Element Ave. Plano TX 75024	Principal occup	nation / Job title (See Instructions)		Emple	oyer (See Instruct	lions)
03/21/2022 Contributor address: City: State: Zip Code 7714 Element Ave. Plano TX 75024 250.00	Date		out-of-state PAC	C (ID#	,	Amount of contribution (\$)
7714 Element Ave. Plano TX 75024	03/21/2022	•••••	City	······································	71- 0-4-	250 00
			13.00 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			250.00
	Principal occup		Tiano			ions)
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. 1 Ital pages Schedule At The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Filings Commission Filers) Stephanie Elad 4 Date 5 Full dame of contributor 7 Amount of contribution (S) Gayle Inbody 01/06/2022 25.00 6 Contributor address. 24281 Ontario Lane Lake Forest CA 92630 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full matter of a particular 1 - 1 - (82) - kW() - (12 Date Amount of contribution (S) John Perry 01/07/2022 50.00Contobutor acuress: 705 Chateau Ct. Denton TX 76209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Fox name of contributor Date of distance + ACOURT Amount of contribution (\$) John Perry 01/07/2022 50.00 Contributor address. 705 Chateau Ct. Denton TX 76209 Principal oce quation / Job fille (See Instructions) Employer (See Instructions) Links Full range of continuator Amount of contribution (\$) production the other Li Wang 01/07/2022 25.00 Contributor audress. City State: Zer Code 3112 Austin Dr. Plano TX 75025 Principal oc upation. Job title (See Instructions) Employee (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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Tutal pages Schedule A1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Stephanie Elad 4 Unite 5 Full name of contributor misdleshalo PAL HDA 7 Amount of contribution (S) Brian Rubinstein 01/07/2022 50.00 6 Contributor address. City Zip Gode 1439 Silver Spur Dr. Allen TX 75002 8 Principal or opation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date in States PAL Ma Amount of contribution (S) Shinli Chi 01/07/2022 25.00 Cummouter audress State Zip Codo 2118 Flat Creek Rd. Frisco TX75034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date untratestate PAC IIDA Amount of contribution (\$) Rachel Elliot 01/08/2022 25.00 Contributor address: Zip Gode 5825 Vineyard Ln. McKinney TX 75070 Ferragial programm (Jon life (See Instructions) Employer (See Instructions) Date Full name of contributor sub-district PAC (IDA Amount of contribution (\$) Sherrie Feffer-Thoman 01/08/2022 50.00 Contributor address. City Zip Code 8796 Bullrush Rd. Frisco TX 75035 Principal occupation | Job title (See Instructions) Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable. DO NOT include this page in the report. 1 Iutal pages Schedule At The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Stephanie Elad 4 Date 5 Full name of contubutor 7 Amount of contribution (S) Koko Zhang 01/08/2022 50.00 6 Contributor address. Zip Code 6134 Birdhill Ln. Frisco TX 75035 8 Frincipal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date u, instance PAC OPE Amount of contribution (\$) Trisha Tanner 01/08/2022 25.00 Contributor address. Zan Frede 5618 Costa Maritima San Clemente CA 92673 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date 1 1 (day 1/A) 10# Amount of contribution (\$) Kay Cheek 01/14/2022 50.00 Contributor address Frisco 1415 Legacy Dr. 75034 TΧ Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) L. Cabatt PAtt Ra Ashley Boyers 01/15/2022 50.00 Contributor address Zm Code 9338 Cherry Brook Ln. Frisco TX 75033 Principal occupation. Job title (Ser Instructions) Employer (See Instructions)

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SCHEDULE A1

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The	Instruction Guide explains how to	complete this	s form.		1 Total pages Schedule A1:
2 FILER NAME Staphanie	Elad				3 Filer ID (Ethics Commission Filers)
4 Date	Meredith McGraw				7 Amount of contribution (S)
01/15/2022	6 Contributor address;	City:	State:	Zip Code	50.00
	1266 Sunland Park	Frisco	TX	75033	
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruct	ions)
Date	Full name of contributor Amy Solomon	out-of-state PAG	C (ID#		Amount of contribution (\$)
01/16/2022	Contributor address:	City;	State:	Zip Code	25.00
12925 Terlingua Creek Dr. Frisco TX 75033					20.00
Principal occup	eation / Job title (See Instructions)		Empl	oyer (See Instruct	ions)
Dato	Full name of contributor out-of-state PAC (IDs:) Christie Jones			Amount of contribution (\$)	
01/24/2022				20.00	
	Contributor address:		200	Zip Code	20.00
Drive alors to a second	10401 Smanatha Dr.	FIISCO	TX	75035	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruct	ions)
Date	Full name of contributor	oul-ol-slate PAG	C (ID#:		Amount of contribution (\$)
01/27/2022	John Bates Contributor address:	City;	State;	Zip Code	20.00
	1808 Dietz Dr.	Frisco	TX	75033	20.00
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruct	ions)
	ATTACH ADDITIO		2011		

SCHEDULE A1

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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1
2 FILER NAME Stephanie	e Elad	- 1-	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Value state PA	I ((D#)	7 Amount of contribution (S)
02/07/2022	6 Contributor address: City: 9901 Tnaglebrush Dr. McKinn	State. Zip Gode ey TX 75070	20.00
8 Principal occu	L pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor Societies PA	inte	Amount of contribution (S)
02/07/2022	Wayne Marchese Contributor address, City. 1484 Bent Tree Dr. Frisco	State, Zip Code TX 75034	25.00
Pancipal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 02/23/2022	Full name of contributor vulnot-state PA- John Mefford Contributor address: City.	State: Zip Code	Amount of contribution (S)
Principal pecua	2397 Elm Valley Dr. Little Elm	TX 75068 Employer (See Instruct	ions).
Date	Full name of contributor confederator FAI Kathleen Walsh	C (lite	Amount of contribution (\$)
03/25/2022	881 High Meadow Rd. Frisco	State, Zip Code TX 75033	50.00
Provipal po u	untion July title (See Instructions)	Employer (See Instruct	nust

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. 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Stephanie Elad 5 Full name of contributor 7 Amount of contribution (S) Tad Preston 03/25/2022 50.00 6 Contributor address: Zip Coue 13370 Bayfield Dr. Frisco 75033 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date untiolistate PAC NDS Amount of contribution (S) Marsha Flewelling 03/25/2022 50.00 Contributor address: Zin Code 3018 Catamaran Ct. 75036 Frisco TX Phraipal magation soft title (See Instructions) Employer (Sec Instructions). Date Full name of contributor out of state PAC (ID# Amount of contribution (\$) Sherrie Thoman 03/25/2022 25.00 Contributor address 8796 Bullrush Rd. TX Frisco 75035 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (IO# Shannon Clay 03/28/2022 50.00 Contributor address Zgr Larde 15039 Spider Lily Rd. Frisco TX 75035 Frempal accupation. Jub title (See testructions) Employer (Ser) Instructions) 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. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Stephanie Elad 4 Date 5 Full name of contributor 7 Amount of contribution (S) out-alintate PAC (ID Andrea Olsen 03/28/2022 50.00 6 Contributor address Zip Code 15060 Spider Lily Rd. Frisco TX 75035 8 Principal occupation (Jab title (See Instructions) Employer (See Instructions) Full name of contributor Date. authoristing PAC (IDs Amount of contribution (S) Harry Komsky 03/02/2022 1,000.00 Contributor address. 1010 Ocean Breeze Dr. Allen TX 75013 Principal or cupation: Joh title (See Instructions). Employer (See Instructions) Date Full name of contributor dut-of-state PAC dD# Amount of contribution (\$) Marvin Lowe 02/21/2022 1,000.00 Centributar address. City. Zip Code 1148 Wentworth Dr. Frisco TX 75035 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor vulsabitato PAE RDA Amount of contribution (\$) Carolyn Peters 01/07/2022 100.00 Contributor address State. Zm Code 12841 Terlingua Creek Dr. Frisco TX 75033 Principal be apation. 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

		500 C2VII.	****			
Th	e instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2 FILER NAMI Stephani			3 Filer ID (Ethics Co	mmission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 145.00)		
5 Date 01/22/2022 10 Principal occ Owner	6 Full name of contributor out-of-state PAC (ID#:	11 Employe	Contribution \$ 750.00 Check if travel outsi	9 In-kind contribution description Marketing, consulting, design, printing push cards de of Texas. Complete Schedule T. AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)			IDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Dale 01/26/2022	Full name of contributor out-of-state PAC (ID#: Collin County Conservative Republi Contributor address; City; State; 3109 Westview McKinney TX	cans zip Code 75070	Amount of Contribution S 300.00 Check if travel outsi	I In-kind contribution I description I Table at Lara I Trump event I de of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe		AL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF 1			iromonto		

LOANS SCHEDULE E

If the requested	d information is not applicable, DO NO	T include this page in the re	port.
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E: 1
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Stephanie El	ad		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state (PAC (ID#)	9 Loan Amount (\$)
03/08/2022	Stephanie Elad		2,500.00
6 Is lender	8 Lender address: City:	State; Zip Code	10 Interest rate
a financial Institution?	15251 Camden Lane Frisco	TX 75035	
T Y T N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral		ds were deposited into political
■ none		account (See Instruct	ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State, Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state i	PAC (ID#)	Loan Amount (5)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
ГүГи			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund	ds were deposited into political
none		account (See Instructi	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable	Annal de compresse de l'anna en compresse de		
	on (See Instructions)	Employer (See Instructions)	
**************************************	*************************************		
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	DED
If le	nder is out-of-state PAC, please see Ins		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Bunking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Boverage Expense Gift/Awards/Memorials Expense Logal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanos/Wagos/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (eachers a research not listed shows)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Stephanie Elad 4 Date 5 Payee name 01/26/2022 Signarama 6 Amount (\$) 7 Payee address; City: State; Zip Code 9410 Dallas Parkway, #160 Frisco TX 75033 378.88 (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Yard Signs **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Office held Stephanie Elad FISD Board of Trustees, Place 3 Payee name 02/10/2022 Signarama Amount (\$) Payee address; City: State; Zip Code 9410 Dallas Parkway, #160 Frisco TX 75033 378.88 Category (See Categories listed at the top of this schedule) Description Advertising Yard Signs PURPOSE EXPENDITURE 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 Stephanie Elad FISD Board of Trustees, Place 3 Payee name Date 02/10/2022 Signarama Amount (S) Payee address; City: State: Zip Code 9410 Dallas Parkway, #160 Frisco TX 75033 1,894.38 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Signs OF EXPENDITURE 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 Stephanie Elad FISD Board of Trustees, Place 3

SCHEDULE F1

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
Credt Card Payment

Event Expense
Fees
Food/Beverage Expense
GifUAwards/Memonals Expense
Lenal Services

Loan Repayment/Reimbursoment Office Overhead/Rental Expanse Polling Expense Printing Expense Salanes/Wages/Contract Libor

Solicitation/Fundraising Expenso 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Stephanie Elad 4 Date 5 Payee name 02/11/2022 Tractor Supply 6 Amount (S) 7 Payee address: City: State: Zip Code 600 S. Oklahoma Celina TX 211.74 75009 (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising PURPOSE Poles EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Stephanie Elad FISD Board of Trustees, Place 3 Payee name 03/13/2022 Marketplace Consulting Amount (S) Payee address: City: State: Zip Code 3428 Nickel Creek Dr. 281.16 Plano TX 75025 Category (See Categories listed at the top of this schedule) Description Advertising PURPOSE Car magnets, push cards EXPENDITURE Check d travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Stephanie Elad FISD Board of Trustees, Place 3 Payee name Date 03/01/2022 Hunter Rose Amount (S) Payee address: City: State; Zip Code 3428 Nickel Creek Dr. Plano TX 75025 1,339.58 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising T-shirts, hats, tote bags, iron ons OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expanse Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Stephanie Elad FISD Board of Trustees, Place 3 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expanse
Accounting/Banking
Consulting Expanse
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Boverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarios/Wagos/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	Wages/ContractLabor complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1.	2 FILER NAME Stephanie Elad		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
03/07/2022	You Tube			
6 Amount (\$)	7 Payee address;	City:	State:	Zip Code
500.00	2340 E. Trinity Mills Road, Suite 300	Carrollton	TX	75006
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Ads		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n. TX. officeholder living) expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	H Stephanie Elad	FISD Board of Trustees, Place 3	ı	
Date	Payee name			
03/14/2022	First Graphics			
Amount (S)	Payee address;	City:	State;	Zip Code
941.18	229 Garvon St.	Garland	TX	75040
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising	Signs		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	¹ Stephanie Elad F	FISD Board of Trustees, Place 3		
Date	Payee name			
03/08/2022	First Graphics			
Amount (\$)	Payee address:	City:	State;	Zip Code
941.17	229 Garvon St.	Garland	TX	75040
JT	Category (See Categories listed at the lop of this schedule)	Description		
PURPOSE OF	Advertising	Signs		
EXPENDITURE				
	Check ditravel outside of Texas. Complete Schedule T	Check if Austin.	, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OH	Stephanie Elad	SD Board of Trustees. Place 3		
	ATTACH ADDITIONAL COPIES OF THIS:	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Labertan Event Expense Loan Repayment/Reimbursement Selectation/Fundraising Expense Accounting Hanking Office Overhead/Rental Expense Pollon Expense Transportation Equipment & Related Expense Consultant Exposs Food-Bevorago Expense Gil/Awards/Memorals Expense Fravel In District Contributions/Donations Made By Fravel Out Of District Caudatate Office wilder Publical Committee Lyand Services Other (enter a category not listed above) Salanus/Warres/Contract Labor Gredit Card Playment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1 2 FILER NAME 3 Filor ID (Ethics Commission Filers) 4 Stephanie Elad 4 Date 5 Payee name Geeky Beth 7 Payee address. City. State Zip Code 2900 Syler Dr., Hutchinson KS 67502 500.00 (a) Category . See Categories listed at the top of this scriedule. 8 (b) Description PURPOSE Advertising Website build and domain name OF reservation EXPENDITURE (c) Check if travel patentier of Toras, Complete Schoole ! Cher's if Apater TX, officeholder by his expense Candidate / Officeholder name 9 Complete ONLy if direct Office sought Office held expenditure to henefit CIOH Stephanie Elad FISD Board of Trustees Payee name 03/21/2022 Donovan Armistead Amount (S) Payee address; City. State. Zip Code TX 829 Crystal Lake Dr. Frisco 75033 2,500.00 Category Stee Categories than JULY 152 of the seminates Description Advertising Block walking services PURPOSE EXPENDITURE Check it ravelents ment Texas, Complete Schedule 1 Crieck if Austin 1X officeholder living expense Candatate / Officeholder name tanisplete DNL+ 1 boots Office sought Office held expendature to Nement C OH Stephanie Elad HSD Moard Trus get Flat of y Date Payee name Amount (S) Payee address. City, State: Zip Code Category (See Category Internative operators actionals) Description PURPOSE EXPENDITURE Check disayel out you of Jeens Complete School of 1 Charle (Charles) 15 officianology by the respective Complete ONLY 1 threat Candidate / Officeholder name Office sought Office held expenditure to be with COH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

PERSONAL	LFUNDS		301	IEDULE G
If the requested in	formation is not applicable, DO NOT inclu	de this page in the re	port.	
	EXPENDITURE CATEGOR	IES FOR BOX 8(a)		
Advertising Experime Accessifing Experime Christilling Experime Contributions Donation e Made Gandidator Office holder Politi Cent Can Payre et	Pors Offs Lick/Decaying Expirition Poll By Cutt/Awards Memorials Expirition Print	n Repayment Rombursement to Overhood Rental Expense ing Expense ting Expense ing Swages Contact Labor	Scholabor Fundansin Transportation Equipm Fravel In District Travel Out Of District Other (onter a sategor	sent & Related Expense
Total pages Schedule G	2 FILER NAME	v to complete this form.	3 54 - 10 /54	Salara Bush
0	Stephanie Elad	3 Filer ID (Ethics Commission Filer		
Date	5 Payee name			
03/17/2022	Geeky Beth			
Amount (5)	7 Payee address	City	State.	Zip Code
Remainsement from political contributions intervied	2900 Syler Dr.	Hutchinson	KS	67502
PURPOSE OF EXPENDITURE	(a) Category (See Categories Extend at the top of the Canadale Advertising	Facebook Ads		
	(c) There discusping tentered frequency presents startular	Consum di din yan	The internation have per	pensy
Tomplete <u>ONLY</u> if direct spend ture to benefit C/OH	Stephanie Elad	Office sought		Office held
Date	Payee name			7-41
01/24/2022	Constant Contact			
Amiount (\$)	Payee address.	City.	State,	Zip Code
21.32 Bushingse industrial publications amounts. Bushingse industrial includes a support of the support of th	1601 Trapelo Rd., Suite 329	Walthan	MA	02451
PURPOSE OF EXPENDITURE	Category (See Categories) sted at the top of this settled like Advertising	E:mail Service		
	Elbert Maveloutaide at Toxas Complete Schedule T (Check of Austin, TX officeredition in engine pense)			purse
Communic QNLY Parent expenditure in homel) CA	Stephanie Elad	Office Boundit (S) Board of the second (S)		Office held
Date 02/24/2022	Payee name Constant Contact			La. Y
Amount (\$) 11.32 Remburs and from political residuation is about a control of the control of th	Payee address. 1601 Trapelo Rd., Suite 329	Waltham	MA	Zip Code 02451
PURPOSE OF EXPENDITURE	Category the conscional unitarities of the systable Advertising	E:mail Service		-11
	Charle Mayeria trape of Texas (List policina bodule)	Check of Kinston	the afficiented being or	pensa
complete ONLY if pirect spenditure to benefit C/OH	Stephanie Elad	Othice sought FISD Board of Triatees, Plane 3		Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEED	ED	

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 Loan Repayment Remoursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rontal Expense Transportation Equipment & Related Expensu Tonsulting Expense Food Beverage Expense Polling Expense Ponting Expense Travel In District Travel Out Of District Contributions Donation Made by Candidate/OfficeFulder/Political Coulmittee Citt/Awards Momunals Expense Lord Services. Salanes/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Screenile G | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Stephanie Elad 4 Date 5 Payee name 01/21/2022 HP Instant Ink 6 Amount (S) 7 Payer address. State. Zip Code 27.05 1501 Page Mill Rd. Palo Alto CA 94304 Pleased survivous trains political contributions ritonded. (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Toner service/copies Office Overhead EXPENDITURE Chairs Hervelours de of Texas Camplete Schotole T Crock it Austra 1x, ethicabolder being astranso. Candidate - Officeholder name Office sought Complete ONLY if direct expenditure to benefit G/OH Payee name Home Depot Amount (\$) Payed address City, State: Zip Code 21.37 252 N. Custer Rd. McKinney 75071 TX Here Carses model and printing a year many rare. pacisked Description Category ("and Category to love and the top of the sche-PURPOSE Zip ties Other - supplies EXPENDITURE Chees I travelours to at Toxas Unemplete Schiefule T Chess I Austin 1x officeholder living avainse Candidate - Officeholder name Office sought Office held Complete ONLY if Frect expenditure to Sevent C/OH Date Payee name 02/22/2022 Signarama Payee address. Amount (S) City: State. Zip Code 20.00 9410 Dallas Parkway, #160 Frisco TX 75033 Recognized conditions is blood contributions Category (See Page 1906) Life as the total treatment and a Description PURPOSE Advertising Stickers OF EXPENDITURE 40% is distance included Texas Comprete Tributate T Chess if Avalra 19 affreeholder long expense Candidate Officeholder name Office held Office small Complete ONLY if direct Stephanie Elad HSD Board of traylor Physics ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

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

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)			
Advertising Expense Event Expense Loan R Accounting Banking Fees Office C Consularing Expense Fronting Continuations Denistons Made By Git/Awards Monorals Expense Protein		Repayment/Reinburgerient Sclicitation/Fond to Overhead Rental Expense Transportation Education Expense Travel in District Individual Education Edu		quipment & Related Expense	
1 Total pages 5 hedde G	2 THER NAME		3 Filter ID (Ethics	Commission Filers)	
l n	Stephanie Elad		o ruer in the tennes	The ID (Lines Commission Lines)	
4 Date	5 Payee panio				
03/04/2022	Gibraltar				
6 Amount (\$) 100.00 Resultation (well high political and despite as a	14960 Manifort Dr. Ste 206 Dallas TX 7525			Zip Gode 75254	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categorian Ested at the top of this schedules) Other	(b) Description Background Check CCGOP vetting process		n process	
	Other	Dataground Crieck CCCOF Vetting process		ig process	
	(c) Chock if triveloute it is it is as Complete Settledulin !	Chuck it Austin	Tx afficiential for hymre	1400050	
9 Complete <u>ONL</u> C if direct expenditure to benefit C/OH	Candidate * Officeholder name	Office sought		Office held	
Dato 03/11/2022	Payee name Campaign Verify				
Amount (\$)	Payer address	City.	State	Zip Code	
95,00 Romanson-equan policul constantinos atendes	P.O. Box 3554	Washingto		20007	
PURPOSE OF EXPENDITURE	Other Description Description Text campaign verification				
	Check disassing a 3- of Tokas Complete Schodule T Check d'Austin Tik, officentidade Eving expense				
Complete ONLy if direct expenditure to benefit CR	Candidate / Officeholder name JH	Office sought		Office held	
Date	Payee name				
03/15/2022	Twilio				
Amount (\$)	Payee address	City	State	Zip Code	
20.00 Roominearment from political content or admired.	375 Beale St., Suite 300	San Francisc		94105	
PURPOSE OF EXPENDITURE	Other	Text Campaign service			
	The extinued was first lown - Campbell Scientific 1	Shork & Austin The attachdader fortig genome			
Complete ONLY if giroct	Candidate / Officeholder name	Office sought		Office held	

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Express Exemit expense Loan Repayment Reinburgement Solicitation/Fundraise) a Expense Ara canting Bushing Office Quertical/Rootal Expense Transportation Equipment & Related Expense Considera Caparisa Histolitieverage texpenses Polling Expense Travolle District Contobutions Described Abute Hy Gutt/Awards Alexandrals Lypenses Pointing Expenses Saldon-Wager-Continut Labor Fragel Out Of District Curchdate Oth consider Poldmat Committee Logal Services Other center a category not beter above. Credit and Popular of The Instruction Guide explains how to complete this form 1 Total pages Schedule G 2 FILER NAME 3 Filer ID (Ethics Commission Filers). Stephanie Elad 4 Date 5 Payee name 03/15/2022 Facebook 6 Amount (\$) 7 Payee address. City. State. Zip Code 10.00 1601 Willow Rd. Menlo Park CA 94025 Received by the Principle of the Princip political contributions entirelect 8 (a) Category (See Categories hand at the right in a sprender (b) Description PURPOSE Advertising Facebook Ads OF EXPENDITURE These finance is a Committee and a second Charle & Aristin TX, officeholder from expense Candidate | Officeholder name Office sought Office held Complete ONLY if direct Stephanie Elad expenditure to benefit C/OH FISD Built of Trades. Place 1 Payee name Date 03/16/2022 Facebook Amount (5) Payen address. City. Zip Code State. 35.00 1601 Willow Rd. Menlo Park CA 94025 Promitsuma mentition undirected constitutions adorded Category (See Gategorian Lated at the top of this subeduling Description PURPOSE Facebook Ads Advertising EXPENDITURE Charle / Austra TX offendater loans a spanse Candidate / Officeholder name Office sought Office held Complete ONLY the rest Stephanie Elad expenditure to benefit G.OH CISD Book of Tristines, Clace & Date Payee name 03/17/2022 Facebook Payee address. Amount (S) City. State Zip Code 40.00 1601 Willow Rd. Menlo Park CA 94025 Postbasses anticat policial continuous ted westers Category (Son Coloranie Internation organismostromile) Description PURPOSE Advertising Facebook Ads OF EXPENDITURE Check if travel outside of fesce. Exhibiteth Schedule 7 Chark d Anathy TX officendates living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to herotic COH Stephanie Elad FIS 3 Hound of Turkline Place J ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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/Officoholder/Political Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (note a patency not fisted above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category	not fisted above)		
1 Total pages Schedule G:	2 FILER NAME Stephanie Elad 3 Filer ID (Ethics Commission Filers			Commission Filers)		
4 Date	5 Payee name					
03/19/2022	Facebook					
6 Amount (\$)	7 Payee address:	City:	State;	Zip Code		
50.00 Reimbursement from	1601 Willow Rd.	Menlo Park	CA	94025		
political contributions intended						
8 BURDOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertising	Facebook Ads				
	(c) Chack if travel outside of Texas. Complete Schodule T.	Check if Austin, T	FX, officeholder living ex	X, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	(Office held		
expenditure to benefit C/OH	Stephanie Elad FIS	D Board of Trustees, Place 3				
Date	Payee name					
03/18/2022	Facebook					
Amount (\$)	Payee address;	City;	State;	Zip Code		
35.00	1601 Willow Rd.	Menlo Park	CA	94025		
Reimbursement from political contributions intended						
DUDDOCE	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising	Facebook Ads				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	(Office held		
expenditure to benefit C/C	⊶ Stephanie Elad ೄ	FISD Board of Trustees, Place 3				
Date	Payee name					
03/22/2022	Facebook					
Amount (\$)	Payee address.	City:	State;	Zip Code		
150.00	1601 Willow Rd.	Menlo Park	CA	94025		
Reimbursement from political contributions intended						
PURPOSE	Category (See Categories listed at the top of this schedule)	Description				
OF	Advertising	Facebook Ads				
EXPENDITURE	Charlest Annual Charlest Charl					
	Check if travel outside of Texas. Complete Schedule T.		TX. officeholder living exp			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held		
expenditure to benefit C/On	Stephanie Elad FIS	D Board of Trustees. Place 3				
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDE	D			

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

Event Expense Foes Food/Beverage Expense Git/Awards/Memonals Expense Legal Services

Loan Repayment/Reimbursoment Office Overhead/Rental Expenso Polling Expense Printing Expense Salaries/Wages/Contract), abox Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
03/24/2022	Constant Contact				
6 Amount (\$)	7 Payee address:	City:	State: Zip Code		
21,32 Reimbursement from political contributions intended	1601 Trapelo Rd., Suite 329	Waltham	MA 02451		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising	E:mail Service			
X-17 (0000007) (10000004) (20000004)	(c) Check if travel outside of Texas Complete Schedule T		TX, officeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH	Stephanie Elad	D Board of Trustees, Place3			
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
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				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address:	City;	State: Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schodule)	Description			
	Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDE	ED .		