CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed 30
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mrs.	FIRST Stephanie	MI	OFFICE USE ONLY
NAME	NICKNAME	LAST Elad	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	15251 Camd		sco TX 75035	413125
5 CANDIDATE/ OFFICEHOLDER PHONE	(858)	735-8904	EXTENSION	Date Hand-delivered or Date Postmarked 413185 Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Harry	М	Date Processes 4 12 K
NAME	NICKNAME	LAST Komsky	SUFFIX	Date Image 4 /3/25
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (1010 Ocean	no po box please), apt / si Breeze Dr.	uite #. city. Allen	STATE. ZIP CODE TX 75013
(Nesidential of Editional)				
8 CAMPAIGN TREASURER PHONE	(310)	977-0071	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	1 ,	1 25	тнгоисн 3	24 / 25
11 ELECTION	Month Day	Year	Runoff Other Description Special Municipal	
12 OFFICE	Frisco ISD P		13 OFFICE SOUGHT (if known Frisco ISD Place 3	
14 NOTICE FROM POLITICAL	THE CANDIDATE / DEELC	CHOLDER THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

OAMI AIOI	THINANOL ILLI OILI		
15 C/OH NAME Stephanie Elad		16 F	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL (PLEDGES, LOANS, OR GUARANT CONTRIBUTIONS MADE ELECTR	EES OF LOANS, OR	s 150.00
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS,		\$ 10,993.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	XPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITU	IRES	\$ 10,163.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE LAST DA	\$ 2,113.77
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF AI LAST DAY OF THE REPORTING P	L OUTSTANDING LOANS AS OF THE ERIOD	\$ 20,388.08
	wear, or affirm, under penalty of perjury, that	han hillstan generaten er napata - angan mananan	correct and includes all information
rec	quired to be reported by me under Title 15, Elect	ion Code.	
THE STARY OF THE STANDARD OF T	Please complete	Signature of Candida se either option below:	te or Officeholder
(1) Affidavit			
NOTARY STAMP/SEA	L		
	before me by Stephanie t	Elad this the 3r	d day of April.
7.3	which, witness my hand and seal of office.		
00	lano Michelle Ar	rellano 1	totary
Signature of officer administe			Title of Weer administering oath
经验的证据及需要		and the state of t	建 2007年10月1日 10月1日 10月
(2) Unsworn Declarati	on		
My name is		, and my date of birth is	
-00-P #15P P			
	(street)	(city) (state)	(zip code) (country)
Executed in	County, State of	on the day of(month)	, 20
		Signature of Candidata/O	efficabolder (Daclarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME ephanie Elad	20 Filer ID (Ethics Co	mmiss	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	10,843.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	3	\$	2,132.50
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL (CONTRIBUTIONS	\$	10,163.11
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3. PURCHASE OF INVESTMENTS MADE FROM POLITICAL	AL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE TO FILER	UTIONS RETURNED	\$	

SCHEDULE A1

If the reques	sted 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:
2 FILER NAME Stephanie E	Elad	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#) Phil Evitt	7 Amount of contribution (\$)
01/21/2025	6 Contributor address; City: State; Zip Code 5919 Willoughby Lane Frisco TX 75033	20.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#) Jaclyn Whisenant	Amount of contribution (\$)
01/21/2025	Contributor address; City; State; Zip Code 15267 Nottingham Ln Frisco TX 75035	55.00
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#) Kristen Dickey	Amount of contribution (\$)
01/21/2025	Contributor address: City: State: Zip Code 4523 Veneto Dr Frisco TX 75033	100.00
Principal occup	oation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#) Jennifer Miller	Amount of contribution (\$)
01/21/2025	Contributor address; City; State; Zip Code 6400 Autumnwood Dr Frisco TX 75035	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

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	s form.	1 Total pages Schedule A1:
2 FILER NAME Stephanie E	Elad		3 Filer ID (Ethics Commission Filers)
4 Date 01/21/2025	5 Full name of contributor out-of-state PAI Susan Fallon	C (ID#)	7 Amount of contribution (\$)
0 172 172020	6 Contributor address: City: 3876 Shady Creek Ct Frisco	state; Zip Code	100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
01/22/2025	Contributor address; City; State; Zip Code 4213 Rancho del Norte Trl McKinney TX 75070		100.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG David Bartek	C (ID#)	Amount of contribution (S)
01/22/2025		State: Zip Code TX 75035	25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
01/22/2025	Contributor address; City; 5589 Brookhill Ln Frisco	State; Zip Code	350.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
		-	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

SCHEDULE A1

sted information is not applicable, DO NOT in	nclude this page in the I	report.
Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 19
Elad		3 Filer ID (Ethics Commission Filers)
Jay Schwartz		7 Amount of contribution (\$)
6 Contributor address; City:	State: Zip Code	100.00
pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Terry Born Contributor address; City:	State; Zip Code	Amount of contribution (\$) 500.00
	Employer (See Instructi	ions)
Full name of contributor out-of-state PAC (ID#:) Michelle Milholland		Amount of contribution (\$)
Contributor address; City: 6050 Chamberlyne Dr Fris	State; Zip Code SCO TX 75034	1,000.00
pation / Job title (See Instructions)	Employer (See Instruct	ions)
MEN 12 1676-37 (c)	C (ID#)	Amount of contribution (\$)
Contributor address; City;	State, Zip Code	25.00
pation / Job title (See Instructions)	Employer (See Instruct	ions)
	Instruction Guide explains how to complete this Elad 5 Full name of contributor Jay Schwartz 6 Contributor address; City: 15178 Beckley Ln Frisco Equation / Job title (See Instructions) Full name of contributor Contributor address; City: 7257 Reflection Bay Dr Fris Cation / Job title (See Instructions) Full name of contributor Michelle Milholland Contributor address; City: 6050 Chamberlyne Dr Fris Cation / Job title (See Instructions) Full name of contributor Sud-of-state PA Michelle Milholland Contributor address; City: 6050 Chamberlyne Dr Fris Cation / Job title (See Instructions) Full name of contributor Contributor address; City: City: Contributor address; City: Contributor address; City: Contributor address; City: Contributor address; City:	5 Full name of contributor Jay Schwartz 6 Contributor address: City: State: Zip Code 15178 Beckley Ln Frisco TX 75035 spation / Job title (See Instructions) Full name of contributor Contributor address: City: State: Zip Code 7257 Reflection Bay Dr Frisco TX 75036 pation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Michelle Milholland Contributor address: City: State: Zip Code 6050 Chamberlyne Dr Frisco TX 75034 Pation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Contributor address: City: State: Zip Code 6050 Chamberlyne Dr Frisco TX 75034 Pation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Contributor address: City: State: Zip Code

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SCHEDULE A1

If the reques	sted 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:
2 FILER NAME Stephanie E	Elad	3 Filer ID (Ethics Commission Filers)
4 Date 01/25/2025	5 Full name of contributor out-of-state PAC (ID#) Sree Bodapati	7 Amount of contribution (\$) 25.00
	14649 Starry Night Frisco TX 75035	25.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#) Sherrie Feffer-Thoman	Amount of contribution (\$)
01/25/2025	Contributor address; City: State: Zip Code 2711 Solasta Ct Celina TX 75009	25.00
Principal occup	ration / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#) Tracy Smith	Amount of contribution (\$)
01/28/2025	Contributor address; City; State; Zip Code 1806 Bridle Blvd Frisco TX 75036	100.00
Principal occup	eation / Job title (See Instructions) Eniployer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#) Kim Elmer	Amount of contribution (\$)
02/01/2025	Contributor address; City; State; Zip Code	200.00
	15130 Viburnum Rd Frisco TX 75035	d
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	cuons)
	ATTACH ARRITIONAL CORIES OF THE COHERING AS A	IEEDED

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SCHEDULE A1

If the reques	ted information is not applicable, DO NOT include this page in	n the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: [9
2 FILER NAME Stephanie E	Elad	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)
02/01/2025	6 Contributor address: City: State: Zip Code 2474 Angle Falls Dr Frisco TX 75036	25.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See I	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/05/2025	Contributor address; City; State; Zip Code 720 Telemark Trl Frisco TX 7503	
Principal occup	eation / Job title (See Instructions) Employer (See I	nstructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
02/06/2025	Kerri Morris Contributor address: City; State: Zip Code 9209 Warm Springs Cir Plano TX 7502	100.00
Principal occup	pation / Job title (See Instructions) Employer (See I	nstructions)
Date	Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$)
02/06/2025	Karen Tank Contributor address; City: State; Zip Code 10167 Deerfield drive Frisco TX 7503	3 20.00
Principal occup	pation / Job title (See Instructions) Employer (See I	Instructions)
	ATTACH ARRITIONAL CORIES OF THIS SCHEDILL	AS NEEDED

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

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

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date 18 Full name of contributor Sherrie Feffer-Thoman Contributor address: City: State: Zip Code O2/12/2025 Contributor address: City: State: Zip Code O2/11 Solasta Ct Celina TX 75009 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Principal occupation / Job title (See Instructions)		ned information is not applicable, Bo Not include this	
Stephanie Elad	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Bonnie Daily 6 Contributor address: City: State: Zip Code 3075 Willow Grove Blvd McKinney TX 75070 State: Zip Code 3075 Willow Grove Blvd McKinney TX 75070 State: Zip Code 2711 Solasta Ct Celina TX 75009 State: Zip Code 2711 Solasta Ct Celina TX 75009 State: Zip Code 2711 Solasta Ct Celina TX 75009 State: Zip Code 2711 Solasta Ct Celina TX Zip Code 2711 Solasta Ct Celina TX Zip Code 2711 Solasta Centributor Since Celina State: Zip Code Zip Cod		ilad	3 Filer ID (Ethics Commission Filers)
3075 Willow Grove Blvd McKinney TX 75070		Bonnie Daily	
Date Sherrie Feffer-Thoman Contributor address; City: State: Zip Code 2711 Solasta Ct Celina TX 75009 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (IDR:	02/10/2025	6 Contributor address; City; State;	
Sherrie Feffer-Thoman Contributor address, City: State: Zip Code 2711 Solasta Ct Celina TX 75009 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) 200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 200.00 Date Full name of contributor Contributor address: City: State: Zip Code 5159 Stillwater Trail Frisco TX 75034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Sabrina Adamo-Lomonte Contributor address; City: State: Zip Code 8936 Frostweed Road Frisco TX 75035	8 Principal occu	pation / Job title (See Instructions) 9 Employ	yer (See Instructions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Melanie Royer Contributor address; City; State; Zip Code 5159 Stillwater Trail Frisco TX 75034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 200.00 Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Sabrina Adamo-Lomonte Contributor address, City, State; Zip Code 8936 Frostweed Road Frisco TX 75035		Sherrie Feffer-Thoman	Amount of contribution (c)
Date Date Full name of contributor Out-of-state PAC (ID#:	02/12/2025	Contributor address; City; State;	The Property Control of the Control
Melanie Royer Contributor address; City; State; Zip Code 5159 Stillwater Trail Frisco TX 75034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Sabrina Adamo-Lomonte O2/16/2025 Contributor address; City, State; Zip Code 8936 Frostweed Road Frisco TX 75035	Principal occup	eation / Job title (See Instructions) Employ	ver (See Instructions)
O2/16/2025 Contributor address; City; State; Zip Code 5159 Stillwater Trail Frisco TX 75034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Sabrina Adamo-Lomonte Contributor address; City. State; Zip Code 8936 Frostweed Road Frisco TX 75035	Date	The control of the second of the control of the con	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#	02/16/2025	Contributor address; City; State;	Zip Code ZUU.UU
Sabrina Adamo-Lomonte Contributor address, City. State: Zip Code 8936 Frostweed Road Frisco TX 75035	Principal occup	pation / Job title (See Instructions) Employ	yer (See Instructions)
02/16/2025 Contributor address, City. State: Zip Code 8936 Frostweed Road Frisco TX 75035	Date		Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	02/16/2025	Contributor address, City, State;	100.00
	Principal occup	pation / Job title (See Instructions) Employ	yer (See Instructions)
		,	

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
FILER NAME Stephanie E	Elad		3 Filer ID (Ethics Commission Filers)
Date	Daniel Elmer		7 Amount of contribution (\$)
02/16/2025	6 Contributor address; City: 5589 Brookhill Ln Frisco	State: Zip Code TX 75034	50.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)
Date	Brendon McCaulley	C (ID#:)	Amount of contribution (\$)
)2/16/2025	Contributor address; City; 14730 Story Ln Frisco	State; Zip Code	50.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructio	ns)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
)2/16/2025		State; Zip Code m TX 75068	10.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructio	ns)
Date	Full name of contributor out-of-state PAC	C (ID#)	Amount of contribution (\$)
02/16/2025	Contributor address; City:	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)

SCHEDULE A1

If the reques	ted 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:
2 FILER NAME Stephanie E	lad	3 Filer ID (Ethics Commission Filers)
4 Date 02/16/2025	5 Full name of contributor out-of-state PAC (ID#:) Chantel Bailey 6 Contributor address; City; State; Zip Code 8500 Desert Dunes Trail McKinney TX 75070	7 Amount of contribution (\$) 50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID#:) Daniel Kim	Amount of contribution (\$) 50.00
	9640 Alamosa Drive Frisco TX 75033	30.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Martin Padeti	Amount of contribution (\$)
02/16/2025	Contributor address; City; State; Zip Code 8611 Dynasty Ln Frisco TX 75034	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
02/16/2025	Ronnie Spellman Contributor address; City; State; Zip Code 4760 Preston Rd #244-200 Frisco TX 75034	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
		JEEDED.
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N 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.	1 Total pages Schedule A1: 19
FILER NAME Stephanie E	Elad		3 Filer ID (Ethics Commission Filers)
Date	Susan Kershaw	,	7 Amount of contribution (\$)
02/16/2025	6 Contributor address; City; 11250 Casa Grande Trl Frisco	State; Zip Code	100.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Melinda Preston	(ID#:)	Amount of contribution (\$)
)2/16/2025	Contributor address; City: 13370 Bayfield Dr Frisco	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructio	ns)
Date	THE PROPERTY OF THE PROPERTY O	(ID#)	Amount of contribution (\$)
02/16/2025	Anamaria Grelus Contributor address; City; 8203 Davis Drive Frisco	State: Zip Code TX 75036	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC Jason Loveless	(ID#)	Amount of contribution (\$)
)2/16/2025		State; Zip Code TX 75048	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Stephanie E	Elad		3 Filer ID (Ethics Commission Filers)
4 Date	Amy Haynes	C (ID#)	7 Amount of contribution (\$)
02/16/2025	6 Contributor address; City: 6308 Brownstone Dr. McKinn	State; Zip Code	25.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Boris Dinaburg	C (ID#:)	Amount of contribution (\$)
02/16/2025	Contributor address; City:	State; Zip Code	200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	C (ID#)	Amount of contribution (\$)
02/16/2025	Contributor address: City: 1148 Heathrow Dr Frisco	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
02/16/2025	Contributor address; City; 6526 Waverly Ln Frisco	State; Zip Code	10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

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 f	orm.	1 Total pages Schedule A1:
Stephanie E	ilad		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (Rik Montgomery	ID#:)	7 Amount of contribution (\$)
02/16/2025	6 Contributor address: City: 9333 Santee Ln Frisco T	State; Zip Code	50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
02/16/2025			50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-ot-state PAC (ID#)	Amount of contribution (\$)
02/16/2025	Contributor address; City: 11121 San Pedro Street Frisco	State; Zip Code TX 75035	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Rus Shamayev	ID#)	Amount of contribution (\$)
02/16/2025	Contributor address; City; 10316 Colfax Dr McKinney	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	-		

SCHEDULE A1

If the reques	ted 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:	
2 FILER NAME Stephanie E	Elad	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#) Jacquez Jones	7 Amount of contribution (\$)	
02/16/2025	6 Contributor address: City: State: Zip Code 2717 Sunlight Dr Little Elm TX 75068	10.00	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date	Full name of contributor out-of-state PAC (ID#:) Jackie Wakin	Amount of contribution (\$)	
02/16/2025	Contributor address; City; State; Zip Code 5938 Indian Blanket Dr Frisco TX 75036	100.00	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date	Full name of contributor out-of-state PAC (ID#) Sabrina Adamo-Lomonte	Amount of contribution (\$)	
02/16/2025	Contributor address: City: State: Zip Code 8936 Frostweed Road Frisco TX 75035	350.00	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	
02/26/2025	Contributor address; City; State; Zip Code	10.00	
768 Telemark Trail Frisco TX 75036 Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N		

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4
FILER NAME Stephanie E	ilad	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#) Jennifer TenBrink	7 Amount of contribution (\$)
2/17/2025	6 Contributor address; City: State: Zip Code 11582 Castle Brook Lane Frisco TX 75035	50.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Rus Shamayev	Amount of contribution (\$)
3/01/2025	Contributor address; City; State: Zip Code 10316 Colfax Dr McKinney TX 75072	100.00
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (S)
Jena Masquelier Contributor address: City: State, Zip Code 3071 Cape Buffalo Trl Frisco TX 75034		25.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/03/2025	Mark Appel Contributor address; City; State, Zip Code	25.00
	6711 Mimms Dr Dallas TX 75252	tions
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	

SCHEDULE A1

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

ii tile reques	ted information is not applicable, DO NOT III	cidde tills page ill tile i	ероп.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Stephanie E	Elad		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG Robert Dunnigan	C (ID#:)	7 Amount of contribution (\$)
03/03/2025	6 Contributor address; City: 14821 Riverside Little Elm	State; Zip Code	25.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Jimmy McClintock	C (ID#:)	Amount of contribution (\$)
03/06/2025	Contributor address: City. 3021 Ridge Road PMB 144 Rock	State; Zip Code	100.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Sue Gamboa	C (ID#:)	Amount of contribution (\$)
02/16/2025	Contributor address: City: 2675 Calmwood Drive Little E	State; Zip Code	60.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PA	C (ID#)	Amount of contribution (S)
02/15/2025	Contributor address: City: 11043 Ruidosa Lane Fris	State: Zip Code	50.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	ATTACH ADDITIONAL COPIES	OE THIS SCHEDIN E AS A	FEDED
	If contributor is out-of-state PAC, please see Inst	ruction guide for additional r	eporting requirements.

SCHEDULE A1

If the reques	sted 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:	
2 FILER NAME Stephanie E	Elad	3 Filer ID (Ethics Commission Filers)	
4 Date 01/29/2025	5 Full name of contributor out-of-state PAC (ID#:) Jennifer Kent	7 Amount of contribution (\$)	
01/29/2023	6 Contributor address; City: State: Zip Code 15112 Christopher Lane Frisco TX 75035	50.00	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)	
Date	Full name of contributor out-of-state PAC (ID#:) Gayle Inbody	Amount of contribution (\$)	
01/23/2025	Contributor address; City. State: Zip Code 24281 Ontario Lane Lake Forest CA 92630	250.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:) Harry Komsky	Amount of contribution (\$)	
03/02/2025	Contributor address: City: State. Zip Code 1010 Ocean Breeze Dr Allen TX 75013	2,500.00	
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC (ID#:) Vickie Costa	Amount of contribution (S)	
02/01/2025	Contributor address, City, State, Zip Code 10521 Chablis Lane Frisco TX 75035	50.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	<u>'</u>		
		ψ.	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the reques	ted 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:	
2 FILER NAME Stephanie E	ilad	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Carol Adams	7 Amount of contribution (\$)	
02/16/2025	6 Contributor address; City; State; Zip Code 6125 Luther Lane, Ste. 245 Dallas TX 75225	1,000.00	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)	
Date	Full name of contributor out-of-state PAC (ID#:) Dianna Biscan & David Kemp	Amount of contribution (\$)	
02/16/2025	Contributor address; City; State; Zip Code	100.00	
	6104 Eschelon Way Plano TX 75024		
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	ctions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	
02/16/2025	Brian Bash Contributor address: City; State; Zip Code 4550 Whispering Lake Drive Frisco TX 75034	100.00	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	l ctions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	
02/16/2025	John & Andrea Stammreich Contributor address; City: State; Zip Code	100.00	
	11187 Silver Horn Drive Frisco TX 75033		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS I	NEEDED	

SCHEDULE A1

If the reques	ted 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:
2 FILER NAME Stephanie E	lad	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#) Paula Cheek	7 Amount of contribution (\$)
03/03/2025	6 Contributor address; City: State: Zip Code 903 Glen Rose Drive Allen TX 75013	50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Paul Weissgarber	Amount of contribution (\$)
03/08/2025	Contributor address: City; State; Zip Code 2025 Creekridge Drive Frisco TX 75034	500.00
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date 03/18/2025	Full name of contributor out-of-state PAC (ID#) Sena Naas	Amount of contribution (\$)
03/10/2023	7878 Armor Lane Frisco TX 75035	100.00
Principal occup	Dation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#) Kerri Morris	Amount of contribution (\$)
03/24/2025	Contributor address; City; State; Zip Code 9209 Warm Springs Cir Plano TX 75024	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
		VEEDED.
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

SCHEDULE A1

If the reques	ted 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:
2 FILER NAME Stephanie E	lad	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#) Susan Fallon	7 Amount of contribution (\$)
03/24/2025	6 Contributor address: City: State: Zip Code 3876 Shady Creek Ct Frisco TX 75033	250.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) John Mefford	Amount of contribution (\$)
03/24/2025	Contributor address; City; State; Zip Code 2397 Elm Valley Drive Little Elm TX 75068	100.00
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
03/24/2025	Cindy Edward Contributor address: City: State: Zip Code 11308 Jereme Trail Frisco TX 75035	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
03/24/2025	Contributor address: City. State: Zip Code 3568 Greenbrier Dr Frisco TX 75033	25.00
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	 stions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

SCHEDULE A1

ir the reques	ted information is not applicable, DO NOT Inc	ciude tins page in the	терогі.	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME Stephanie E	Elad		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Candy Ross		7 Amount of contribution (\$)	
02/15/2025	6 Contributor address; City: 5050 Quorum Drive, Ste 700 Dalla	State: Zip Code	50.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Ivan Sifton	(ID#:)	Amount of contribution (\$)	
02/16/2025	Contributor address; City: 3257 Kentshire Lane Frisco	State; Zip Code	25.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Contributor address; City:	State: Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 2
2 FILER NAME Stephanie			3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 6 Full name of contributor ut-of-state PAC (ID#))	Contribution \$	9 In-kind contribution description
01/25/2025	7 Contributor address; City: State; 15251 Camden Lane Frisco TX 7	Zip Code 75035		Van Rental de of Texas. Complete Schedule T.
10 Principal occ Financial A	upation / Job title (FOR NON-JUDICIAL)(See Instructions) Advisor	11 Employe Self-emplo	er (FOR NON-JUDICI	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (ID#)	Amount of Contribution \$	In-kind contribution description Van Rental
02/01/2025	Contributor address; City; State; 15251 Camden Lane Frisco TX	Zip Code 75035	59.01 Check if travel outsi	Variation
Principal occ Financial	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) Advisor	Self-emp	er (FOR NON-JUDICI	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		San and promoting the same	

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

Revised 1/1/2025

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 2	
Stephanie Elad		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	Date 6 Full name of contributorout-of-state PAC (ID#:) Jared Elad		8 Amount of 9 In-kind contribution Contribution 9 description	
03/11/2025	7 Contributor address; City; State: 15251 Camden Lane Frisco TX 7	Zip Code '5035	1,077.50 Voter Outreach Check if travel outside of Texas. Complete Schedule T.	
10 Principal occi Financial A	upation / Job title (FOR NON-JUDICIAL)(See Instructions) dvisor	11 Employe Self-emplo	er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (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)			
Date 03/19/2025	Full name of contributor out-of-state PAC (ID#:	Zip Code 75035	Amount of Contribution S In-kind contribution description Voter Outreach Check if travel outside of Texas. Complete Schedule T.	
Principal occi Financial	upation / Job title (FOR NON-JUDICIAL) (See Instructions) Advisor	Employe Self-emp	er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Pood/Beverage Expense	ffice Overhead/Rental Expense billing Expense inting Expense alaries/Wages/Contract Labor	Expense Travel In District Expense Travel Out Of District //Wages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:	The Instruction Guide explains how to complete this form. 2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)		
4 Date 02/16/2025	5 Payee name Rudy's BBQ		1		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
808.92	9828 Dallas Parkway	Frisco	TX	75034	
8	(a) Category (See Categories listed at the top of this sche	MANAGEMENT TO A STATE OF THE ST	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Catering for K	Catering for Kick Off Event		
	(c) Check if travel outside of Texas. Complete Schedi	ule T. Check if Aust	istin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
01/31/2025	HEB				
Amount (\$)	Payee address;	City:	State:	Zip Code	
32.79	8700 Eldorado Parkway	McKinney	TX	75070	
	Category (See Categories listed at the top of this sched		Description Snacks for Volunteer Meeting		
PURPOSE OF EXPENDITURE	1 000/Deverage Expense	Stracks for vo	numeer weet	ing	
	Check if travel outside of Texas Complete Schedu	ule T Check if Aust	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	ight Office held		
Date	Payee name				
01/15/2025	Facebook				
Amount (\$)	Payee address,	City:	State;	Zip Code	
65.85	1 Hacker Way	Menlo Park	CA	94025	
PURPOSE	Category (See Categories listed at the top of this sched Advertising	Description Ads			
OF EXPENDITURE	7.0701101119	, (40			
	Check if travel outside of Texas. Complete Schedu	lieT Check if Aust	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 SCHEDIII E AS NEI	EDED		

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 Event Expense Foos Food/Beverage Expense 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

Gift/Awards/Memorials Expense Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F1: Stephanie Elad 4 Date 5 Payee name 01/21/2025 Keepers Press 6 Amount (\$) 7 Payee address; City: State: Zip Code 1905 Alpha Drive, Ste. 170 Rockwall TX 75087 1,926.85 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Advertisng Expense 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 Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 01/27/2025 Constant Contact Amount (\$) City; State; Zip Code Payee address; Waltham MA 02451 1601 Trapelo Road 55.43 Description Category (See Categories listed at the top of this schedule) Advertising Expense **Email Marketing** PURPOSE EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 01/29/2025 Geeky Beth Amount (S) Payee address; State; Zip Code City: KS 67502 2900 Syler Drive Hutchison 299.00 Description Category (See Categories listed at the top of this schedule) IT Services PURPOSE Other OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 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 Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Stephanie Elad 5 Payee name 4 Date 02/06/2025 Keepers Press 6 Amount (\$) City: State: Zip Code 7 Payee address; 75087 Rockwall TX 1905 Alpha Drive, Ste. 170 2,552.54 (b) Description (a) Category (See Categories listed at the top of this schedule) Signs Advertising Expense PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense (c) Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Facebook 02/18/2025 City: State; Zip Code Amount (\$) Payee address 94025 Menlo Park CA 1 Hacker Way 2.94 Category (See Categories listed at the top of this schedule) Description Advertising Expense Fees PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 02/21/2025 CAZ Consulting Zip Code State: City: Amount (S) Payee address: 76109 TX Fort Worth 5049 Edwards Ranch Road 1,407.25 Category (See Categories listed at the top of this schedule) Description Advertising Expense Push Cards PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas Complete Schedule T Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 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 Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Printing Expense Travel Out Of District Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name 02/25/2025 Constant Contact City: 6 Amount (\$) 7 Payee address; State: Zip Code 1601 Trapelo Road Waltham MA 02451 55.43 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Advertising Expense Email Marketing **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 02/26/2025 Geeky Beth Amount (\$) City: State: Zip Code Payee address; 67502 Hutchison KS 2900 Syler Drive 750.00 Description Category (See Categories listed at the top of this schedule) Consulting Services Run ad campaign PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/06/2025 Vista Print Amount (\$) Zip Code Payee address; State: City: 02421 MA 95 Hayden Avenue Lexington 185.87 Description Category (See Categories listed at the top of this schedule) Advertising Expense PURPOSE Banner OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX: officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 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 Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Travel In District Travel Out Of District

Fees Food/Beverage Expense Transportation Equipment & Related Expense Polling Expense Printing Expense Legal Services 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 5 Payee name 4 Date 03/07/2025 Mario's Mexican 6 Amount (\$) 7 Payee address; City; State: Zip Code 2831 Eldorado Pkwy, #112 Little Elm TX 75068 21.40 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Snacks for volunteer training Food/Beverage Expense **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 Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Facebook 03/17/2025 City: State: Zip Code Amount (\$) Payee address; Menlo Park CA 94025 1 Hacker Way 49.76 Category (See Categories listed at the top of this schedule) Description Advertising Expense Ads **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 03/18/2025 CAZ Consulting Zip Code Amount (\$) Payee address: State: City: TX 76109 5049 Edwards Ranch Road Fort Worth 1,672.46 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Push Cards OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH 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 Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1 2 FILER NAME Stephanie Elad 4 Date 5 Payee name 03/24/2025 Anedot 6 Amount (\$) 7 Payee address; City; State: Zip Code 70112 1340 Poydras St., #1770 **New Orleans** LA 276.62 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Credit Card Fees Fees **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 Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 01/25/2025 Zip Code State: City: Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Date Pavee name 03/24/2025 Zip Code Amount (\$) Payee address; City: State: Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED