

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 30		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY				
	Mrs.	Stephanie						
	NICKNAME	LAST	SUFFIX	Date Received 4/3/25				
		Elad						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX		APT / SUITE #	CITY	STATE	ZIP CODE		
	15251 Camden Lane			Frisco	TX	75035		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE		PHONE NUMBER		EXTENSION			
	(858)		735-8904					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked 4/3/25				
	Mr.	Harry						
	NICKNAME	LAST	SUFFIX	Receipt # Amount \$ 0				
		Komsky						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #	CITY	STATE	ZIP CODE		
	1010 Ocean Breeze Dr.			Allen	TX	75013		
8 CAMPAIGN TREASURER PHONE	AREA CODE		PHONE NUMBER		EXTENSION			
	(310)		977-0071					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)							
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)							
10 PERIOD COVERED	Month	Day	Year	THROUGH		Month	Day	Year
	1	1	25			3	24	25
11 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Municipal				
			5	3	25			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)				
	Frisco ISD Place 3			Frisco ISD Place 3				
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
	COMMITTEE TYPE	COMMITTEE NAME						
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS						
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS						

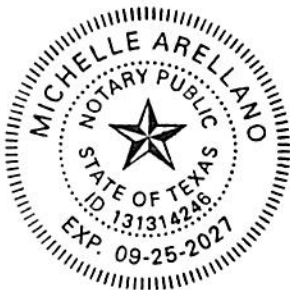
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Stephanie Elad		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,993.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,163.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,113.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,388.08

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Stephanie Elad
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Stephanie Elad this the 3rd day of April, 2025, to certify which, witness my hand and seal of office.

Michelle Arellano
Signature of officer administering oath

Michelle Arellano
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Stephanie Elad

20 Filer ID (Ethics Commission 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	\$ 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 CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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 CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1:

19

2 FILER NAME

Stephanie Elad

3 Filer ID (Ethics Commission Filers)**4** Date

01/21/2025

5 Full name of contributor

out-of-state PAC (ID# _____)

Phil Evitt

7 Amount of contribution (\$)

20.00

6 Contributor address;

City;

State;

Zip Code

5919 Willoughby Lane Frisco TX 75033

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

01/21/2025

Full name of contributor

out-of-state PAC (ID# _____)

Jaclyn Whisenant

Amount of contribution (\$)

55.00

Contributor address;

City;

State;

Zip Code

15267 Nottingham Ln Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/21/2025

Full name of contributor

out-of-state PAC (ID# _____)

Kristen Dickey

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

4523 Veneto Dr Frisco TX 75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/21/2025

Full name of contributor

out-of-state PAC (ID# _____)

Jennifer Miller

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

6400 Autumnwood Dr Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 01/21/2025	5 Full name of contributor out-of-state PAC (ID# _____) Susan Fallon 6 Contributor address; City; State; Zip Code 3876 Shady Creek Ct Frisco TX 75033	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/22/2025	Full name of contributor out-of-state PAC (ID# _____) Stacy Tucci Contributor address; City; State; Zip Code 4213 Rancho del Norte Trl McKinney TX 75070	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2025	Full name of contributor out-of-state PAC (ID# _____) David Bartek Contributor address; City; State; Zip Code 16188 Cinch Drive Frisco TX 75035	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2025	Full name of contributor out-of-state PAC (ID# _____) Daniel Elmer Contributor address; City; State; Zip Code 5589 Brookhill Ln Frisco TX 75034	Amount of contribution (\$) 350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 01/22/2025	5 Full name of contributor out-of-state PAC (ID# _____) Jay Schwartz 6 Contributor address; City; State; Zip Code 15178 Beckley Ln Frisco TX 75035	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/22/2025	Full name of contributor out-of-state PAC (ID# _____) Terry Born Contributor address; City; State; Zip Code 7257 Reflection Bay Dr Frisco TX 75036	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2025	Full name of contributor out-of-state PAC (ID# _____) Michelle Milholland Contributor address; City; State; Zip Code 6050 Chamberlyne Dr Frisco TX 75034	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2025	Full name of contributor out-of-state PAC (ID# _____) Linda Howard Contributor address; City; State; Zip Code 9301 Wichita Trail Frisco TX 75033	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 01/25/2025	5 Full name of contributor out-of-state PAC (ID# _____) Sree Bodapati 6 Contributor address; City; State; Zip Code 14649 Starry Night Frisco TX 75035	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/25/2025	Full name of contributor out-of-state PAC (ID# _____) Sherrie Feffer-Thoman Contributor address; City; State; Zip Code 2711 Solasta Ct Celina TX 75009	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/28/2025	Full name of contributor out-of-state PAC (ID# _____) Tracy Smith Contributor address; City; State; Zip Code 1806 Bridle Blvd Frisco TX 75036	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/01/2025	Full name of contributor out-of-state PAC (ID# _____) Kim Elmer Contributor address; City; State; Zip Code 15130 Viburnum Rd Frisco TX 75035	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2025	5 Full name of contributor out-of-state PAC (ID# _____) Charles Taylor 6 Contributor address; City; State; Zip Code 2474 Angle Falls Dr Frisco TX 75036	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/05/2025	Full name of contributor out-of-state PAC (ID# _____) Jessica Wang-Cucci Contributor address; City; State; Zip Code 720 Telemark Trl Frisco TX 75036	Amount of contribution (\$) 55.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2025	Full name of contributor out-of-state PAC (ID# _____) Kerri Morris Contributor address; City; State; Zip Code 9209 Warm Springs Cir Plano TX 75024	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2025	Full name of contributor out-of-state PAC (ID# _____) Karen Tank Contributor address; City; State; Zip Code 10167 Deerfield drive Frisco TX 75033	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2025	5 Full name of contributor out-of-state PAC (ID# _____) Bonnie Daily 6 Contributor address; City; State; Zip Code 3075 Willow Grove Blvd McKinney TX 75070	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/12/2025	Full name of contributor out-of-state PAC (ID# _____) Sherrie Feffer-Thoman Contributor address; City; State; Zip Code 2711 Solasta Ct Celina TX 75009	Amount of contribution (\$) 18.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID# _____) Melanie Royer Contributor address; City; State; Zip Code 5159 Stillwater Trail Frisco TX 75034	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID# _____) Sabrina Adamo-Lomonte Contributor address; City; State; Zip Code 8936 Frostweed Road Frisco TX 75035	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 02/16/2025	5 Full name of contributor out-of-state PAC (ID# _____) Daniel Elmer 6 Contributor address; City; State; Zip Code 5589 Brookhill Ln Frisco TX 75034	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID# _____) Brendon McCaulley Contributor address; City; State; Zip Code 14730 Story Ln Frisco TX 75035	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID# _____) Lisa Norman Contributor address; City; State; Zip Code 2476 Deerwood Dr Little Elm TX 75068	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID# _____) Rusty Tipton Contributor address; City; State; Zip Code 10711 Blue Bay Dr Frisco TX 75035	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Stephanie Elad		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 occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID#: _____) Daniel Kim Contributor address; City; State; Zip Code 9640 Alamosa Drive Frisco TX 75033	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID#: _____) Martin Padeti Contributor address; City; State; Zip Code 8611 Dynasty Ln Frisco TX 75034	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID#: _____) Ronnie Spellman Contributor address; City; State; Zip Code 4760 Preston Rd #244-200 Frisco TX 75034	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 02/16/2025	5 Full name of contributor out-of-state PAC (ID# _____) Susan Kershaw 6 Contributor address; City; State; Zip Code 11250 Casa Grande Trl Frisco TX 75033	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID# _____) Melinda Preston Contributor address; City; State; Zip Code 13370 Bayfield Dr Frisco TX 75033	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID# _____) Anamaria Grelus Contributor address; City; State; Zip Code 8203 Davis Drive Frisco TX 75036	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID# _____) Jason Loveless Contributor address; City; State; Zip Code 7602 Ridgebluff Ln Sachse TX 75048	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 02/16/2025	5 Full name of contributor out-of-state PAC (ID#: Amy Haynes 6 Contributor address; City; State; Zip Code 6308 Brownstone Dr. McKinney TX 75070	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID#: Boris Dinaburg Contributor address; City; State; Zip Code 1307 Monahans Allen TX 75013	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID#: Stephane Broncano Contributor address; City; State; Zip Code 1148 Heathrow Dr Frisco TX 75036	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID#: Lynn Garner Contributor address; City; State; Zip Code 6526 Waverly Ln Frisco TX 75035	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 02/16/2025	5 Full name of contributor out-of-state PAC (ID# _____) Rik Montgomery 6 Contributor address; City; State; Zip Code 9333 Santee Ln Frisco TX 75033	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID# _____) Chantel Bailey Contributor address; City; State; Zip Code 8500 Desert Dunes Trail McKinney TX 75070	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID# _____) Fran Wilson Contributor address; City; State; Zip Code 11121 San Pedro Street Frisco TX 75035	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID# _____) Rus Shamayev Contributor address; City; State; Zip Code 10316 Colfax Dr McKinney TX 75072	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 02/16/2025	5 Full name of contributor out-of-state PAC (ID# _____) Jacquez Jones 6 Contributor address; City; State; Zip Code 2717 Sunlight Dr Little Elm TX 75068	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID# _____) Jackie Wakin Contributor address; City; State; Zip Code 5938 Indian Blanket Dr Frisco TX 75036	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID# _____) Sabrina Adamo-Lomonte Contributor address; City; State; Zip Code 8936 Frostweed Road Frisco TX 75035	Amount of contribution (\$) 350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/2025	Full name of contributor out-of-state PAC (ID# _____) Lynn Kalamaras Contributor address; City; State; Zip Code 768 Telemark Trail Frisco TX 75036	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2025	5 Full name of contributor out-of-state PAC (ID# _____) Jennifer TenBrink 6 Contributor address; City; State; Zip Code 11582 Castle Brook Lane Frisco TX 75035	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/01/2025	Full name of contributor out-of-state PAC (ID# _____) Rus Shamayev Contributor address; City; State; Zip Code 10316 Colfax Dr McKinney TX 75072	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2025	Full name of contributor out-of-state PAC (ID# _____) Jena Masquelier Contributor address; City; State; Zip Code 3071 Cape Buffalo Trl Frisco TX 75034	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/03/2025	Full name of contributor out-of-state PAC (ID# _____) Mark Appel Contributor address; City; State; Zip Code 6711 Mimms Dr Dallas TX 75252	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

19

2 FILER NAME

Stephanie Elad

3 Filer ID (Ethics Commission Filers)**4** Date

03/03/2025

5 Full name of contributor

out-of-state PAC (ID#: _____)

Robert Dunnigan

7 Amount of contribution (\$)

25.00

6 Contributor address:

City:

State:

Zip Code

14821 Riverside Little Elm TX 75068

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/06/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Jimmy McClintock

Amount of contribution (\$)

100.00

Contributor address:

City:

State:

Zip Code

3021 Ridge Road PMB 144 Rockwall TX 75032

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/16/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Sue Gamboa

Amount of contribution (\$)

60.00

Contributor address:

City:

State:

Zip Code

2675 Calmwood Drive Little Elm TX 75068

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/15/2025

Full name of contributor

out-of-state PAC (ID#: _____)

Lennea Hartoonian

Amount of contribution (\$)

50.00

Contributor address:

City:

State:

Zip Code

11043 Ruidosa Lane Frisco TX 75033

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 01/29/2025	5 Full name of contributor out-of-state PAC (ID#: Jennifer Kent 6 Contributor address, City, State, Zip Code 15112 Christopher Lane Frisco TX 75035	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/23/2025	Full name of contributor out-of-state PAC (ID#: Gayle Inbody Contributor address, City, State, Zip Code 24281 Ontario Lane Lake Forest CA 92630	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/02/2025	Full name of contributor out-of-state PAC (ID#: Harry Komsky Contributor address, City, State, Zip Code 1010 Ocean Breeze Dr Allen TX 75013	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/01/2025	Full name of contributor out-of-state PAC (ID#: Vickie Costa Contributor address, City, State, Zip Code 10521 Chablis Lane Frisco TX 75035	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 02/16/2025	5 Full name of contributor out-of-state PAC (ID# _____) Carol Adams 6 Contributor address; City; State; Zip Code 6125 Luther Lane, Ste. 245 Dallas TX 75225	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID# _____) Dianna Biscan & David Kemp Contributor address; City; State; Zip Code 6104 Eschelon Way Plano TX 75024	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID# _____) Brian Bash Contributor address; City; State; Zip Code 4550 Whispering Lake Drive Frisco TX 75034	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID# _____) John & Andrea Stammreich Contributor address; City; State; Zip Code 11187 Silver Horn Drive Frisco TX 75033	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2025	5 Full name of contributor out-of-state PAC (ID# _____) Paula Cheek 6 Contributor address; City; State; Zip Code 903 Glen Rose Drive Allen TX 75013	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/08/2025	Full name of contributor out-of-state PAC (ID# _____) Paul Weissgarber Contributor address; City; State; Zip Code 2025 Creekridge Drive Frisco TX 75034	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/18/2025	Full name of contributor out-of-state PAC (ID# _____) Sena Naas Contributor address; City; State; Zip Code 7878 Armor Lane Frisco TX 75035	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2025	Full name of contributor out-of-state PAC (ID# _____) Kerri Morris Contributor address; City; State; Zip Code 9209 Warm Springs Cir Plano TX 75024	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Susan Fallon 6 Contributor address; City; State; Zip Code 3876 Shady Creek Ct Frisco TX 75033	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/24/2025	Full name of contributor out-of-state PAC (ID#: _____) John Mefford Contributor address; City; State; Zip Code 2397 Elm Valley Drive Little Elm TX 75068	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2025	Full name of contributor out-of-state PAC (ID#: _____) Cindy Edward Contributor address; City; State; Zip Code 11308 Jereme Trail Frisco TX 75035	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/24/2025	Full name of contributor out-of-state PAC (ID#: _____) Lacey Robison Contributor address; City; State; Zip Code 3568 Greenbrier Dr Frisco TX 75033	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 02/15/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Candy Ross <hr/> 6 Contributor address; City: State: Zip Code 5050 Quorum Drive, Ste 700 Dallas TX 75254	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/16/2025	Full name of contributor out-of-state PAC (ID#: _____) Ivan Sifton <hr/> Contributor address; City: State: Zip Code 3257 Kentshire Lane Frisco TX 75034	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <hr/> Contributor address; City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <hr/> Contributor address; City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/25/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jared Elad 7 Contributor address; City; State; Zip Code 15251 Camden Lane Frisco TX 75035	8 Amount of Contribution \$ 56.49	9 In-kind contribution description Van Rental
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Financial Advisor		11 Employer (FOR NON-JUDICIAL) (See Instructions) Self-employed	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor'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 02/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jared Elad Contributor address; City; State; Zip Code 15251 Camden Lane Frisco TX 75035	Amount of Contribution \$ 59.01	In-kind contribution description Van Rental
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Financial Advisor		Employer (FOR NON-JUDICIAL) (See Instructions) Self-employed	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		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 A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

\$

9 In-kind contribution
description

1,077.50

Check if travel outside of Texas. Complete Schedule T.

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

In-kind contribution description

939.50

Check if travel outside of Texas. Complete Schedule T.

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)	
4 Date 02/16/2025		5 Payee name Rudy's BBQ			
6 Amount (\$) 808.92		7 Payee address: 9828 Dallas Parkway		City: Frisco	State: TX
				Zip Code 75034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Catering for Kick Off Event		
	(c) Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 01/31/2025		Payee name HEB			
Amount (\$) 32.79		Payee address: 8700 Eldorado Parkway		City: McKinney	State: TX
				Zip Code 75070	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Snacks for Volunteer Meeting		
	Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 01/15/2025		Payee name Facebook			
Amount (\$) 65.85		Payee address: 1 Hacker Way		City: Menlo Park	State: CA
				Zip Code 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Ads		
	Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Expenses Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)	
4 Date 01/21/2025		5 Payee name Keepers Press			
6 Amount (\$) 1,926.85		7 Payee address; 1905 Alpha Drive, Ste. 170		City; Rockwall	State; TX Zip Code 75087
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisng Expense		(b) Description Signs		
	(c) Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 01/27/2025		Payee name Constant Contact			
Amount (\$) 55.43		Payee address; 1601 Trapelo Road		City; Waltham	State; MA Zip Code 02451
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisng Expense		Description Email Marketing		
	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
Date 01/29/2025		Payee name Geeky Beth			
Amount (\$) 299.00		Payee address; 2900 Syler Drive		City; Hutchison	State; KS Zip Code 67502
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description IT Services		
	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 SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME Stephanie Elad			3 Filer ID (Ethics Commission Filers)	
4 Date 02/06/2025		5 Payee name Keepers Press				
6 Amount (\$) 2,552.54		7 Payee address; 1905 Alpha Drive, Ste. 170		City; Rockwall	State; TX	Zip Code 75087
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs			
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought		Office held
Date 02/18/2025		Payee name Facebook				
Amount (\$) 2.94		Payee address; 1 Hacker Way		City; Menlo Park	State; CA	Zip Code 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Fees			
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought		Office held
Date 02/21/2025		Payee name CAZ Consulting				
Amount (\$) 1,407.25		Payee address; 5049 Edwards Ranch Road		City; Fort Worth	State; TX	Zip Code 76109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Push Cards			
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date 02/25/2025	5 Payee name Constant Contact			
6 Amount (\$) 55.43	7 Payee address; 1601 Trapelo Road	City; Waltham	State; MA	Zip Code 02451
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Email Marketing	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date 02/26/2025	Payee name Geeky Beth			
Amount (\$) 750.00	Payee address; 2900 Syler Drive	City; Hutchison	State; KS	Zip Code 67502
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Services		Description Run ad campaign	
	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
Date 03/06/2025	Payee name Vista Print			
Amount (\$) 185.87	Payee address; 95 Hayden Avenue	City; Lexington	State; MA	Zip Code 02421
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Banner	
	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 SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)	
4 Date 03/07/2025	5 Payee name Mario's Mexican			
6 Amount (\$) 21.40	7 Payee address; 2831 Eldorado Pkwy, #112	City; Little Elm	State; TX	Zip Code 75068
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Snacks for volunteer training	
	(c) Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date 03/17/2025	Payee name Facebook			
Amount (\$) 49.76	Payee address; 1 Hacker Way	City; Menlo Park	State; CA	Zip Code 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Ads	
	Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date 03/18/2025	Payee name CAZ Consulting			
Amount (\$) 1,672.46	Payee address; 5049 Edwards Ranch Road	City; Fort Worth	State; TX	Zip Code 76109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Push Cards	
	Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1		2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)	
4 Date 03/24/2025		5 Payee name Anedot			
6 Amount (\$) 276.62		7 Payee address; 1340 Poydras St., #1770		City; New Orleans	State; LA
				Zip Code 70112	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Credit Card Fees	
		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 01/25/2025		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
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/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/24/2025		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
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/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED