

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY Date Received 4/3/25 Date Hand-delivered or Date Postmarked 4/3/25 Receipt # Amount \$ Date Processed 4/3/25 Date Imaged 4/3/25	
	NICKNAME LAST SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<input type="checkbox"/> Change of Address	705 Yarrow Street Little Elm Texas 75068		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(469) 888-9103		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		
	NICKNAME LAST SUFFIX		
	Stuart Shulman		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	705 Yarrow Street Little Elm Texas 75068		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
	(469) 888-9103		
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 01 / 23 / 2025 THROUGH Month Day Year 03 / 24 / 2025		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 05 / 03 / 2025	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Frisco ISD Board of Trustees, Place 3	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	<input type="checkbox"/> Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2			

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME Stuart Shulman		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,855.22
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,437.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,299.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,524.08

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.



[Signature]

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Stuart Shulman this the 3rd day of April, 2025, to certify which, witness my hand and seal of office.
Michelle Arellano Michelle Arellano Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Stuart Shulman, and my date of birth is 8/4/1983.
 My address is 705 Yarrow Street, Little Elm, Tx., 75068, USA.
 (street) (city) (state) (zip code) (country)
 Executed in Denton County, State of Texas, on the 2nd day of April, 2025.
 (month) (year)
[Signature]
 Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Stuart Shulman		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,855.22
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 8,524.08
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,555.87
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6,968.21
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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:
2 FILER NAME Stuart Shulman		3 Filer ID (Ethics Commission Filers)
4 Date 1/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Alford 6 Contributor address; City; State; Zip Code 14878 Ireland Lane Frisco, TX 75035	7 Amount of contribution (\$) \$485.20
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam Davis Contributor address; City; State; Zip Code 12809 Feathering Dr. Frisco, TX 75036	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tracy Espinoza Contributor address; City; State; Zip Code 7837 Excaliber Dr. Frisco, TX 75035	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela Ashraf Contributor address; City; State; Zip Code 5711 Andover Drive Amarillo, TX 79109	Amount of contribution (\$) \$48.25
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:
2 FILER NAME Stuart Shulman		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan Steele 6 Contributor address; City; State; Zip Code 1104 Apple Valley Dr. Frisco, TX 75033	7 Amount of contribution (\$) \$101.65
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/4/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jade Klinger Contributor address; City; State; Zip Code 107 Springdale Ct. Allen, Tx. 75002	Amount of contribution (\$) \$23.97
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Slater Contributor address; City; State; Zip Code 2405 Waterloo Ln. Mesquite, TX 75181	Amount of contribution (\$) \$19.12
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zachary Smith Contributor address; City; State; Zip Code 1118 Oak Creek lane Waterloo IL. 62298	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Stuart Shulman		3 Filer ID (Ethics Commission Filers)
4 Date 2/7/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edward E Shelswell-White 6 Contributor address; City; State; Zip Code 8150 Bay View Drive Foley, AL 36535	7 Amount of contribution (\$) \$96.80
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg White Contributor address; City; State; Zip Code 25102 Terlingua Bnd. San Antonio, TX 78261	Amount of contribution (\$) \$9.41
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid Atkinson Contributor address; City; State; Zip Code 2728 Granite Hill Dr. Leander, TX 78641	Amount of contribution (\$) \$485.20
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/1/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kayla Foltmer Contributor address; City; State; Zip Code 2317 Dawn Mist Dr. Little Elm, TX 75068	Amount of contribution (\$) \$23.97
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Stuart Shulman		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob Melançon 6 Contributor address; City; State; Zip Code 7837 Excaliber Road Frisco, Tx. 75035	7 Amount of contribution (\$) \$500.00 \$485.20
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/7/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adrienne Squires Contributor address; City; State; Zip Code 15854 Cherry Blossom Rd Frisco, TX 75033	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cyril Minett Contributor address; City; State; Zip Code 88548 Scott Circle Frisco, Tx. 75035	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nikki Sumrow Contributor address; City; State; Zip Code 10880 Cardiff Lane Frisco, TX 75035	Amount of contribution (\$) \$193.90
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:
2 FILER NAME Stuart Shulman		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/2025	5 Full name of contributor Abbey Heffner <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code 7013 Inglenook Drive Frisco, TX 75035	7 Amount of contribution (\$) \$48.25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/11/2025	Full name of contributor Kenneth L Tysell <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 1213 Gladewater Drive Frisco, TX 75033	Amount of contribution (\$) \$96.80
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/12/2025	Full name of contributor Cynthia Hons <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 7145 Yellowstone Drive Frisco, TX 75033	Amount of contribution (\$) \$96.80
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/12/2025	Full name of contributor Jamic Heit <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4754 Glen Heather Dr. Frisco, TX 75034	Amount of contribution (\$) \$193.90
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Stuart Shulman		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmila Bose 6 Contributor address; City; State; Zip Code 6509 Hidden Creek Ct Plano, Tx 75024	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM 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 Stuart Shulman		3 Filer ID (Ethics Commission Filers)	
4 Date 3/17/2025		5 Payee name Fred Lusk			
6 Amount (\$) \$798.12		7 Payee address; City; State; Zip Code 9912 Mallory Drive Frisco, Tx. 75035			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signage Installation		
	(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					
Date 3/18/2025		Payee name Flashbrush			
Amount (\$) \$757.75		Payee address; City; State; Zip Code 4652 Durban Park Dr, Plano, TX 75024			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Photography		
	<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					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<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					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<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					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Stuart Shulman	3 Filer ID (Ethics Commission Filers)
4 Date 1/29/2025	5 Payee name Stuart Shulman	
6 Amount (\$) 6,968.21 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 705 Yarrow Street Little Elm, Tx. 75068	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website, signage, print and digital advertisements
	(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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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		