

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filer)	2 Total pages filed 18
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Stephanie	MI
	NICKNAME	LAST Elad	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: 15251 Camden Lane		APT / SUITE #: CITY, STATE, ZIP CODE Frisco TX 75035
	OFFICE USE ONLY Date Received <div style="font-size: 2em; font-weight: bold;">APR 29 2022</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (858)	PHONE NUMBER 735-8904	EXTENSION
	Date Hand-Delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Harry	MI
	NICKNAME	LAST Komsky	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE): 1010 Ocean Breeze Dr.	
		APT / SUITE #: CITY, STATE, ZIP CODE Allen TX 75013	
8 CAMPAIGN TREASURER PHONE	AREA CODE (310)	PHONE NUMBER 977-0071	EXTENSION
	Date Received		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 60th 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 3 29 22		THROUGH Month Day Year 4 27 22
	Election Date		
11 ELECTION	ELECTION DATE Month Day Year 5 7 22		ELECTION TYPE <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
	12 OFFICE OFFICE HELD (if any):		13 OFFICE SOUGHT (if known) FISD Board of Trustees, 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	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

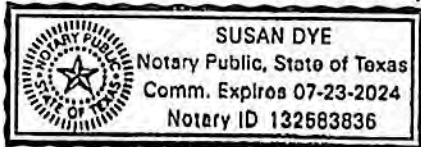
**FORM C/OH
COVER SHEET PG 2**

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)	\$ 5,625.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 699.14
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,204.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,608.16
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,500.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 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 29th day of April

20 22 to certify which, witness my hand and seal of office.

Susan Dye Susan Dye Notary
Signature of officer administering oath Printed name of officer administering oath 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	\$ 5,475.00
2. ■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,572.84
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. ■ SCHEDULE E: LOANS	\$ 8,000.00
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,505.16
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: 8
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2022	5 Full name of contributor out-of-state PAC ID# _____ Stacy Tucci 6 Contributor address, City: State: Zip Code 4213 Rancho Del Norte Trail McKinney TX 75070	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/30/2022	Full name of contributor out-of-state PAC ID# _____ Kerry Huffman Contributor address, City: State: Zip Code 9423 Tanyard Lane Frisco TX 75033	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2022	Full name of contributor out-of-state PAC ID# _____ Scott Brooke Contributor address, City: State: Zip Code 15581 Crown Cove Ln. Frisco TX 75033	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2022	Full name of contributor out-of-state PAC ID# _____ EEG Immigration Law Group Contributor address, City: State: Zip Code 6709 York Castle Ct Frisco TX 75035	Amount of contribution (\$) 500.00
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 **8**

2 FILER NAME

Stephanie Elad

3 Filer ID (Ethics Commission Filers)

4 Date

04/10/2022

5 Full name of contributor

Melanie Royer

out-of-state PAC (ID# _____)

7 Amount of contribution (\$) **100.00**

6 Contributor address;

5159 Stillwater Trail

City;

Frisco

State;

TX

Zip Code

75034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/10/2022

Full name of contributor

Joseph Boduch

out-of-state PAC (ID# _____)

Amount of contribution (\$) **100.00**

Contributor address;

11125 Corsicana Dr.

City;

Frisco

State;

TX

Zip Code

75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/10/2022

Full name of contributor

Tracy Robert

out-of-state PAC (ID# _____)

Amount of contribution (\$) **50.00**

Contributor address;

15652 Wyoming Dr.

City;

Frisco

State;

TX

Zip Code

75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/11/2022

Full name of contributor

Meredith McGraw

out-of-state PAC (ID# _____)

Amount of contribution (\$) **50.00**

Contributor address;

1266 Sunland Park Dr.

City;

Frisco

State;

TX

Zip Code

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 8
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2022	5 Full name of contributor out-of-state PAC (ID# _____) Holly Brousseau	7 Amount of contribution (\$) 25.00
6 Contributor address: City: State: Zip Code 5516 Cape Cod Dr. Frisco TX 75036		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/13/2022	Full name of contributor out-of-state PAC (ID# _____) Casey Montgomery	Amount of contribution (\$) 25.00
Contributor address: City: State: Zip Code 12787 Ridge Spring Dr. Frisco TX 75035		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2022	Full name of contributor out-of-state PAC (ID# _____) Shannon Ayres	Amount of contribution (\$) 100.00
Contributor address: City: State: Zip Code 6043 Star Mesa Dr. Frisco TX 75034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2022	Full name of contributor out-of-state PAC (ID# _____) Christopher Gilbert	Amount of contribution (\$) 100.00
Contributor address: City: State: Zip Code 11306 Casa Grande Tr. 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 8

2 FILER NAME
Stephanie Elad

3 Filer ID (Ethics Commission Filers)

4 Date
04/20/2022

5 Full name of contributor out-of-state PAC (ID# _____)
Sandy Sutton

7 Amount of contribution (\$)

6 Contributor address: City: State: Zip Code
3900 Veneto Dr. Frisco TX 75033

25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/21/2022

Full name of contributor out-of-state PAC (ID# _____)
Karen Guidry

Amount of contribution (\$)

Contributor address: City: State: Zip Code
14783 S Lakewood Ave. Bixby OK 74008

10.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/21/2022

Full name of contributor out-of-state PAC (ID# _____)
Robert Spring

Amount of contribution (\$)

Contributor address: City: State: Zip Code
819 Lucabaugh Mill Rd. Westminster MD 21157

20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/21/2022

Full name of contributor out-of-state PAC (ID# _____)
William Causey

Amount of contribution (\$)

Contributor address: City: State: Zip Code
608 Arbor Way Brandon MS 39047

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 8
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2022	5 Full name of contributor out-of-state PAC (ID# _____) Kristen Dickey	7 Amount of contribution (\$) 100.00
6 Contributor address: City: State: Zip Code 4523 Veneto Dr. Frisco TX 75033		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/21/2022	Full name of contributor out-of-state PAC (ID# _____) David Elliott	Amount of contribution (\$) 500.00
Contributor address: City: State: Zip Code 6621 Talmadge Ln. Dallas TX 75230		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/21/2022	Full name of contributor out-of-state PAC (ID# _____) John White	Amount of contribution (\$) 10.00
Contributor address: City: State: Zip Code 9073 Richards Rd NE Utica OH 43080		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/21/2022	Full name of contributor out-of-state PAC (ID# _____) Ceci Timbrel	Amount of contribution (\$) 50.00
Contributor address: City: State: Zip Code 5905 Settlement Way McKinney TX 75070		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 8
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 04/21/2022	5 Full name of contributor out-of-state PAC (ID# _____) Amy Mussat 6 Contributor address; City; State; Zip Code 4153 Forest Park Ln. Frisco TX 75033	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/23/2022	Full name of contributor out-of-state PAC (ID# _____) Maurice N. Lambert Contributor address; City; State; Zip Code Fairway Drive Carrollton TX 75010	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2022	Full name of contributor out-of-state PAC (ID# _____) David Malechek Contributor address; City; State; Zip Code 8112 Ravencliff Dr. McKinney TX 75070	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2022	Full name of contributor out-of-state PAC (ID# _____) Chris & Jim Kerr Contributor address; City; State; Zip Code 3624 Wyeth Dr. Plano TX 75023	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 8
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2022	5 Full name of contributor out-of-state PAC (ID# _____) Thomas Stricklin 6 Contributor address: City: State: Zip Code 856 Crystal Lake Dr. Frisco TX 75036	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/24/2022	Full name of contributor out-of-state PAC (ID# _____) Chris Spencer Contributor address: City: State: Zip Code 1497 Country Rd. 2985 Hughes Springs TX 75656	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2022	Full name of contributor out-of-state PAC (ID# _____) Carl Flowers Contributor address: City: State: Zip Code 14713 Riverside Dr. Little Elm TX 75068	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2022	Full name of contributor out-of-state PAC (ID# _____) Andrew Cucci Contributor address: City: State: Zip Code 750 Telemark Trail Frisco TX 75036	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: 8
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2022	5 Full name of contributor out-of-state PAC (ID# _____) Mike Draper 6 Contributor address: City: State: Zip Code 6410 Birkdale Frisco TX 75035	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/30/2022	Full name of contributor out-of-state PAC (ID# _____) Jeffrey Gray Contributor address: City: State: Zip Code 6579 Mountain Sky Rd. Frisco TX 75036	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2022	Full name of contributor out-of-state PAC (ID# _____) Heidi Stone Contributor address: City: State: Zip Code 15443 Forrest Haven Rd. Frisco TX 75035	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2022	Full name of contributor out-of-state PAC (ID# _____) Ginny Webb Contributor address: City: State: Zip Code 5371 Keswick Dr. Frisco TX 75034	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.		

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		\$ 185.00	
5 Date 03/30/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane Snowden	8 Amount of Contribution \$ 222.39	9 In-kind contribution description Food for Meet & Greet
7 Contributor address: City: State: Zip Code 10243 El Cinco Dr. Frisco TX 75033		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 04/18/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackie Wakin	Amount of Contribution \$ 218.60	In-kind contribution description Food for Meet & Greet
Contributor address: City: State: Zip Code 5903 Indian Blanket Dr. Frisco TX 75036		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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		\$ 185.00	
5 Date 04/19/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Paul & Theresa Lipari	8 Amount of Contribution \$ 150.00	9 In-kind contribution description Food for Meet & Greet
7 Contributor address: City: State: Zip Code 5582 Swisher Circle Frisco TX 75034		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 04/22/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Theresa Brittain	Amount of Contribution \$ 796.85	In-kind contribution description Food for Meet & Greet
Contributor address: City: State: Zip Code 3709 Cascade Dr. McKinney TX 75070		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

LOANS

SCHEDULE E

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 E 1
2 FILER NAME Stephanie Elad						3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS						\$
5 Date of loan 03/31/2022	7 Name of lender Stephanie Elad	<small>out-of-state PAC ID#</small>			9 Loan Amount (\$) 8,000.00	
6 Is lender a financial institution? Y <input type="checkbox"/> N <input type="checkbox"/>	8 Lender address: 15251 Camden Lane		City Frisco	State TX	Zip Code 75035	
					10 Interest rate	
				11 Maturity date		
12 Principal occupation / Job title (See Instructions)			13 Employer (See Instructions)			
14 Description of Collateral none			15 Check if personal funds were deposited into political account (See Instructions)			
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)	
	18 Guarantor address		City	State	Zip Code	
not applicable						
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)			
Date of loan	Name of lender	<small>out-of-state PAC ID#</small>			Loan Amount (\$)	
Is lender a financial institution? Y <input type="checkbox"/> N <input type="checkbox"/>	Lender address		City	State	Zip Code	
					Interest rate	
				Maturity date		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)			
Description of Collateral none			Check if personal funds were deposited into political account (See Instructions)			
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)	
	Guarantor address		City	State	Zip Code	
not applicable						
Principal Occupation (See Instructions)			Employer (See Instructions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender 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 | 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 Candidate/Officer/holder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

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 04/03/2022	5 Payee name Facebook
----------------------	--------------------------

6 Amount (\$) 250.00	7 Payee address: 1601 Willow Rd.	City: Menlo Park	State: CA	Zip Code 94025
-------------------------	-------------------------------------	---------------------	--------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook Ads
	(c) Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officer/holder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name Stephanie Elad	Office sought FISD Board of Trustees, Place 3	Office held
---	---	--	-------------

Date 04/14/2022	Payee name Facebook
--------------------	------------------------

Amount (\$) 255.51	Payee address: 1601 Willow Rd.	City: Menlo Park	State: CA	Zip Code 94025
-----------------------	-----------------------------------	---------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook Ads
	Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officer/holder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name Stephanie Elad	Office sought FISD Board of Trustees, Place 3	Office held
---	---	--	-------------

Date 04/21/2022	Payee name First Graphics
--------------------	------------------------------

Amount (\$) 1,225.93	Payee address: 229 Garvon St.	City: Garland	State: TX	Zip Code 75040
-------------------------	----------------------------------	------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs
	Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officer/holder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officer/holder name Stephanie Elad	Office sought FISD Board of Trustees, Place 3	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 | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officer/Holder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Credit Card Payment | Legal Services | | Other (enter a category not listed above) |

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 04/18/2022	5 Payee name Donovan Armistead
----------------------	-----------------------------------

6 Amount (\$) 2,705.00	7 Payee address: 829 Crystal Lake Dr.	City: Frisco	State: TX	Zip Code 75033
---------------------------	--	-----------------	--------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Block walking services
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stephanie Elad	Office sought FISD Board of Trustees, Place 3	Office held
---	---	--	-------------

Date 04/19/2022	Payee name Donovan Armistead
--------------------	---------------------------------

Amount (\$) 478.50	Payee address: 829 Crystal Lake Dr.	City: Frisco	State: TX	Zip Code 75033
-----------------------	--	-----------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Block walking services
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stephanie Elad	Office sought FISD Board of Trustees, Place 3	Office held
---	---	--	-------------

Date 04/05/2022	Payee name YouTube
--------------------	-----------------------

Amount (\$) 500.00	Payee address: 2340 E. Trinity Mills Road, Suite 300	City: Carrollton	State: TX	Zip Code 75006
-----------------------	---	---------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stephanie Elad	Office sought FISD Board of Trustees, Place 3	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) |
|--|---|--|---|

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 04/04/2022	5 Payee name First Graphics
----------------------	--------------------------------

6 Amount (\$) 722.84	7 Payee address: 229 Garvon St.	City: Garland	State: TX	Zip Code 75040
-------------------------	------------------------------------	------------------	--------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stephanie Elad	Office sought FISD Board of Trustees, Place 3	Office held
---	---	--	-------------

Date 04/11/2022	Payee name Geeky Beth Consulting
--------------------	-------------------------------------

Amount (\$) 350.00	Payee address: 2900 Syler Dr.	City: Hutchinson	State: KS	Zip Code 67502
-----------------------	----------------------------------	---------------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook ads consulting
	Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stephanie Elad	Office sought FISD Board of Trustees, Place 3	Office held
---	---	--	-------------

Date 04/11/2022	Payee name Stephanie Elad
--------------------	------------------------------

Amount (\$) 350.00	Payee address: 15251 Camden Lane	City: Frisco	State: TX	Zip Code 75035
-----------------------	-------------------------------------	-----------------	--------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Reimburse candidate for expense paid to Geeky Beth listed on Schedule G on last report.
	Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stephanie Elad	Office sought FISD Board of Trustees, Place 3	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 04/11/2022	5 Payee name Stephanie Elad	
6 Amount (\$) 320.00	7 Payee address: 15251 Camden Lane	City: Frisco State: TX Zip Code: 75035
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Reimburse candidate for expenses paid to Facebook listed on Schedule G on last report.
	(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 Stephanie Elad	Office sought: FISO Board of Trustees, Place 3 Office held:
Date 04/11/2022	Payee name Stephanie Elad	
Amount (\$) 347.38	Payee address: 15251 Camden Lane	City: Frisco State: TX Zip Code: 75035
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising and other expenses	Description Reimburse candidate for various expenses paid to various vendors listed on Schedule G on last report
	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 Stephanie Elad	Office sought: FISO Board of Trustees, Place 3 Office held:
Date	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. <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