

# 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 **29**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST			MI
	Mrs.	Stephanie			
	NICKNAME	LAST			SUFFIX
		Elad			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS - PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
	15251 Camden Lane		Frisco	TX	75035
Change of Address					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(858 )	735-8904			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST			MI
	Mr.	Harry			
	NICKNAME	LAST			SUFFIX
		Komsky			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE
	1010 Ocean Breeze Dr.		Allen	TX	75013
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(310 )	977-0071			
9 REPORT TYPE	January 15	<input checked="" type="checkbox"/> 12th day before election	Runoff		15th day after campaign treasurer appointment (Off-holdr Only)
	July 15	8th day before election	Exceeded Modified Reporting Limit		Final Report (Attach C/OH-FR)
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
	1	1	22		3 28 22
11 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month	Day	Year	Primary	Runoff
	5	7	22	General	Special
					<input checked="" type="checkbox"/> Other Description: Municipal
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
			FISD 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			
Additional Pages	GENERAL	COMMITTEE WEBSITE			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

**OFFICE USE ONLY**

Date Received

**APR 07 2022**

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
Stephanie Elad

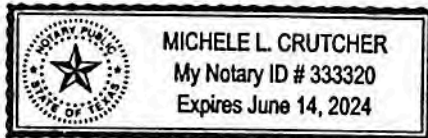
16 Filer ID (Ethics Commission Filer)

17 CONTRIBUTION TOTALS	1	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 280.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,940.00
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 1,404.36
	4	TOTAL POLITICAL EXPENDITURES	\$ 12,316.33
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,964.01
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,500.00

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 (SF/A)

Sworn to and subscribed before me by STEPHANIE ELAD this the 7<sup>TH</sup> day of APRIL

20 22 to certify and witness, my hand and seal of office  
*Michele L. Crutcher* MICHELE L. CRUTCHER NOTARY  
Notary Public in and for the State of Texas  
My Notary ID # 333320  
Expires June 14, 2024

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_ and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

(Executive) \_\_\_\_\_ 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 <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,660.00
2 <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,195.00
3 SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4 <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2,500.00
5 <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,866.97
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 <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,017.38
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

14

2 FILER NAME

Stephanie Elad

3 Filer ID (Ethics Commission Filer)

4 Date

01/07/2022

5 Full name of contributor

Sarah Zhu

6a) State PAC ID#

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

6 Contributor address

5974 Blazing Star Rd. Frisco TX 75034

City

State

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/07/2022

Full name of contributor

Sandra Eliot

6a) State PAC ID#

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

Contributor address

3 Moon Dust Irvine CA 92603

City

State

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/07/2022

Full name of contributor

Joshua Klinge

6a) State PAC ID#

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

Contributor address

4463 Chevy Chase Ln. Frisco TX 75033

City

State

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/07/2022

Full name of contributor

Dianna Biscan

6a) State PAC ID#

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

Contributor address

7714 Element Ave. Plano TX 75024

City

State

Zip Code

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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1 Total pages (Schedule A1)

14

2 FILER NAME

Stephanie Elad

3 Filer ID (Ethics Commission Filers)

4 Date

01/07/2022

5 Full name of contributor

Cassidy Johnston

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

6 Contributor address,

8101 Bobwhite Dr.

City,

Frisco

State,

TX

Zip Code

75034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/08/2022

Full name of contributor

Jay Schwartz

out-of-state PAC ID#

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

Contributor address,

15178 Beckley Ln.

City,

Frisco

State,

TX

Zip Code

75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/08/2022

Full name of contributor

Gayle Inbody

out-of-state PAC ID#

Amount of contribution (\$) **500.00**

Contributor address,

24281 Ontario Ln.

City,

Lake Forest CA

State,

CA

Zip Code

92630

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/08/2022

Full name of contributor

Laura Lampert Sanderson

out-of-state PAC ID#

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

Contributor address,

4511 La Brea St.

City,

Oxnard

State,

CA

Zip Code

93035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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1 Total pages Schedule A1

14

2 FILER NAME

Stephanie Elad

3 Filer ID (Ethics Commission Filers)

4 Date

01/09/2022

5 Full name of contributor

Heidi Stone

Sub-state PAC ID#

7 Amount of contribution (\$) **200.00**

6 Contributor address

City

State

Zip Code

15443 Forest Haven Ln. Frisco TX 75035

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/10/2022

Full name of contributor

Deb & Israel Frankel

Sub-state PAC ID#

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

Contributor address

City

State

Zip Code

1109 Lone Lovey Tr. Arlington TX 76005

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/14/2022

Full name of contributor

Jena Masquelier

Sub-state PAC ID#

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

Contributor address

City

State

Zip Code

3071 Cape Buffalo Tr. Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/15/2022

Full name of contributor

Jennifer Lazar

Sub-state PAC ID#

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

Contributor address

City

State

Zip Code

10406 Coach House Ln. 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: <b>14</b>
2 FILER NAME <b>Stephanie Elad</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/15/2022</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Philip Taylor</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City: State: Zip Code <b>2258 Gunnison Tr. Frisco TX 75033</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/25/2022</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Stephanie Spies-Cunningham</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City: State: Zip Code <b>9566 Park Garden Dr. Frisco TX 75035</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/29/2022</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Anthea Adair</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City: State: Zip Code <b>5609 Twin Cities Ln. McKinney TX 75070</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/29/2022</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Tom &amp; Toni Fabry</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address; City: State: Zip Code <b>7338 Willow Creek Dr. Tyler TX 75703</b>		
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

14

2 FILER NAME

Stephanie Elad

3 Filer ID (Ethics Commission Filers)

4 Date

02/11/2022

5 Full name of contributor (include PAC ID)

Stephanie Spies-Cunningham

7 Amount of contribution (\$)

500.00

6 Contributor address, City, State, Zip Code

9566 Park Garden Dr. Frisco TX 75035

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/11/2022

Full name of contributor (include PAC ID)

Michelle Milholland

Amount of contribution (\$)

500.00

Contributor address, City, State, Zip Code

6050 Chamberlyne Dr. Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/22/2022

Full name of contributor (include PAC ID)

Gayle Inbody

Amount of contribution (\$)

500.00

Contributor address, City, State, Zip Code

24281 Ontario Ln. Lake Forest CA 92630

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/22/2022

Full name of contributor (include PAC ID)

Sandra Eliot

Amount of contribution (\$)

150.00

Contributor address, City, State, Zip Code

3 Moon Dust Irvine CA 92603

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1

14

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Stephanie Elad

4 Date

02/22/2022

5 Full name of contributor

Rachel Browning

out-of-state PAC ID#

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

6 Contributor address:

14914 Huffman Ln.

City,

Frisco

State, Zip Code

TX

75035

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/21/2022

Full name of contributor

Liz Carlin

out-of-state PAC ID#

Amount of contribution (\$) **250.00**

Contributor address:

9357 Golendrina Dr. La Mesa

City,

State, Zip Code

CA

91941

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/23/2022

Full name of contributor

William Hogsett

out-of-state PAC ID#

Amount of contribution (\$) **500.00**

Contributor address:

2591 Dallas Pkwy. #300 Frisco

City,

State, Zip Code

TX

75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/24/2022

Full name of contributor

Howard Akin

out-of-state PAC ID#

Amount of contribution (\$) **500.00**

Contributor address:

44 Armstrong Dr. Frisco

City,

State, Zip Code

TX

75034

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:

14

2 FILER NAME

Stephanie Elad

3 Filer ID (Ethics Commission Filers)

4 Date

03/28/2022

5 Full name of contributor

Sabrina Adamo-Lomonte

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City:

State:

Zip Code

8936 Frostweed Rd. Frisco TX 75035

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/25/2022

Full name of contributor

Jerry Keating

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City:

State:

Zip Code

5629 Blazing Star Frisco TX 75036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/19/2022

Full name of contributor

Jena Masquelier

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

100.00

Contributor address;

City:

State:

Zip Code

7714 Element Ave. Plano TX 75024

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/21/2022

Full name of contributor

Dianna Biscan

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City:

State:

Zip Code

7714 Element Ave. Plano TX 75024

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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1 Total pages Schedule A1

14

2 FILER NAME

Stephanie Elad

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

Gayle Inbody

7 Amount of contribution (\$) **25.00**

01/06/2022

6 Contributor address

City

State

Zip Code

24281 Ontario Lane Lake Forest CA 92630

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

City, State, Zip Code

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

01/07/2022

John Perry

Contributor address

City

State

Zip Code

705 Chateau Ct. Denton TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

City, State, Zip Code

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

01/07/2022

John Perry

Contributor address

City

State

Zip Code

705 Chateau Ct. Denton TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

City, State, Zip Code

Amount of contribution (\$) **25.00**

01/07/2022

Li Wang

Contributor address

City

State

Zip Code

3112 Austin Dr. Plano TX 75025

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 <b>14</b>
2 FILER NAME <b>Stephanie Elad</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/07/2022</b>	5 Full name of contributor <b>Brian Rubinstein</b>	7 Amount of contribution (\$) <b>50.00</b>
	6 Contributor address, City, State, Zip Code <b>1439 Silver Spur Dr. Allen TX 75002</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/07/2022</b>	Full name of contributor <b>Shinli Chi</b>	Amount of contribution (\$) <b>25.00</b>
	Contributor address, City, State, Zip Code <b>2118 Flat Creek Rd. Frisco TX 75034</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/08/2022</b>	Full name of contributor <b>Rachel Elliot</b>	Amount of contribution (\$) <b>25.00</b>
	Contributor address, City, State, Zip Code <b>5825 Vineyard Ln. McKinney TX 75070</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/08/2022</b>	Full name of contributor <b>Sherrie Feffer-Thoman</b>	Amount of contribution (\$) <b>50.00</b>
	Contributor address, City, State, Zip Code <b>8796 Bullrush Rd. Frisco TX 75035</b>	
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 <b>14</b>
2 FILER NAME <b>Stephanie Elad</b>		3 Filer ID: (Ethics Commission Filers)
4 Date <b>01/08/2022</b>	5 Full name of contributor <b>Koko Zhang</b>	7 Amount of contribution (\$) <b>50.00</b>
	6 Contributor address, City, State, Zip Code <b>6134 Birdhill Ln. Frisco TX 75035</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>01/08/2022</b>	Full name of contributor <b>Trisha Tanner</b>	Amount of contribution (\$) <b>25.00</b>
	Contributor address, City, State, Zip Code <b>5618 Costa Marilima San Clemente CA 92673</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>01/14/2022</b>	Full name of contributor <b>Kay Cheek</b>	Amount of contribution (\$) <b>50.00</b>
	Contributor address, City, State, Zip Code <b>1415 Legacy Dr. Frisco TX 75034</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>01/15/2022</b>	Full name of contributor <b>Ashley Boyers</b>	Amount of contribution (\$) <b>50.00</b>
	Contributor address, City, State, Zip Code <b>9338 Cherry Brook Ln. Frisco TX 75033</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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: <u>14</u>
2 FILER NAME Staphanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 01/15/2022	5 Full name of contributor Meredith McGraw out-of-state PAC (ID#: _____) 6 Contributor address; City: State: Zip Code 1266 Sunland Park Frisco TX 75033	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/16/2022	Full name of contributor Amy Solomon out-of-state PAC (ID#: _____) Contributor address; City: State: Zip Code 12925 Terlingua Creek Dr. Frisco TX 75033	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/24/2022	Full name of contributor Christie Jones out-of-state PAC (ID#: _____) Contributor address; City: State: Zip Code 10401 Smanatha Dr. Frisco TX 75035	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/27/2022	Full name of contributor John Bates out-of-state PAC (ID#: _____) Contributor address; City: State: Zip Code 1808 Dietz Dr. Frisco TX 75033	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1

14

2 FILER NAME

Stephanie Elad

3 Filer ID (Ethics Commission Filers)

4 Date

02/07/2022

5 Full name of contributor

Gina Carnevale

out-of-state PAC ID#

7 Amount of contribution (\$) **20.00**

6 Contributor address, City, State, Zip Code

9901 Tnaglebrush Dr. McKinney TX 75070

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/07/2022

Full name of contributor

Wayne Marchese

out-of-state PAC ID#

Amount of contribution (\$) **25.00**

Contributor address, City, State, Zip Code

1484 Bent Tree Dr. Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/23/2022

Full name of contributor

John Mefford

out-of-state PAC ID#

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

Contributor address, City, State, Zip Code

2397 Elm Valley Dr. Little Elm TX 75068

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/25/2022

Full name of contributor

Kathleen Walsh

out-of-state PAC ID#

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

Contributor address, City, State, Zip Code

881 High Meadow Rd. 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 <b>14</b>
2 FILER NAME <b>Stephanie Elad</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/25/2022</b>	5 Full name of contributor <b>Tad Preston</b>	7 Amount of contribution (\$) <b>50.00</b>
	6 Contributor address: City, State, Zip Code <b>13370 Bayfield Dr. Frisco TX 75033</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/25/2022</b>	Full name of contributor <b>Marsha Flewelling</b>	Amount of contribution (\$) <b>50.00</b>
	Contributor address: City, State, Zip Code <b>3018 Catamaran Ct. Frisco TX 75036</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/25/2022</b>	Full name of contributor <b>Sherrie Thoman</b>	Amount of contribution (\$) <b>25.00</b>
	Contributor address: City, State, Zip Code <b>8796 Bullrush Rd. Frisco TX 75035</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>03/28/2022</b>	Full name of contributor <b>Shannon Clay</b>	Amount of contribution (\$) <b>50.00</b>
	Contributor address: City, State, Zip Code <b>15039 Spider Lily Rd. Frisco TX 75035</b>	
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 <b>14</b>
2 FILER NAME <b>Stephanie Elad</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>03/28/2022</b>	5 Full name of contributor <b>Andrea Olsen</b>	7 Amount of contribution (\$) <b>50.00</b>
	6 Contributor address, City, State, Zip Code <b>15060 Spider Lily Rd. Frisco TX 75035</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>03/02/2022</b>	Full name of contributor <b>Harry Komsky</b>	Amount of contribution (\$) <b>1,000.00</b>
	Contributor address, City, State, Zip Code <b>1010 Ocean Breeze Dr. Allen TX 75013</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/21/2022</b>	Full name of contributor <b>Marvin Lowe</b>	Amount of contribution (\$) <b>1,000.00</b>
	Contributor address, City, State, Zip Code <b>1148 Wentworth Dr. Frisco TX 75035</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/07/2022</b>	Full name of contributor <b>Carolyn Peters</b>	Amount of contribution (\$) <b>100.00</b>
	Contributor address, City, State, Zip Code <b>12841 Terlingua Creek Dr. Frisco TX 75033</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  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: <b>1</b>	
2 FILER NAME <b>Stephanie Elad</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		<b>\$ 145.00</b>	
5 Date <b>01/22/2022</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Hunter Rose</b>	8 Amount of Contribution \$ <b>750.00</b>	9 In-kind contribution description <b>Marketing, consulting, design, printing push cards</b>
7 Contributor address; City: State: Zip Code <b>3828 Nickel Creek Dr. Plano TX 75025</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Owner</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>Marketplace Consulting</b>	
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 <b>01/26/2022</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Collin County Conservative Republicans</b>	Amount of Contribution \$ <b>300.00</b>	In-kind contribution description <b>Table at Lara Trump event</b>
Contributor address; City: State: Zip Code <b>3109 Westview McKinney TX 75070</b>		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><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>1</b>
2 FILER NAME <b>Stephanie Elad</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>03/08/2022</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) <b>Stephanie Elad</b>	9 Loan Amount (\$) <b>2,500.00</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address: City: State: Zip Code <b>15251 Camden Lane Frisco TX 75035</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address: City: State: Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address: City: State: Zip Code	
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	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.

<b>1</b> Total pages Schedule F1 4	<b>2</b> FILER NAME Stephanie Elad	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/26/2022	<b>5</b> Payee name Signarama	
<b>6</b> Amount (\$) 378.88	<b>7</b> Payee address; 9410 Dallas Parkway, #160	City: Frisco State: TX Zip Code: 75033
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Yard Signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Stephanie Elad	Office sought FISD Board of Trustees, Place 3
<b>Date</b> 02/10/2022	<b>Payee name</b> Signarama	
<b>Amount (\$)</b> 378.88	<b>Payee address;</b> 9410 Dallas Parkway, #160	City: Frisco State: TX Zip Code: 75033
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising	<b>Description</b> Yard Signs
	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 FISD Board of Trustees, Place 3
<b>Date</b> 02/10/2022	<b>Payee name</b> Signarama	
<b>Amount (\$)</b> 1,894.38	<b>Payee address;</b> 9410 Dallas Parkway, #160	City: Frisco State: TX Zip Code: 75033
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising	<b>Description</b> Signs
	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 FISD Board of Trustees, Place 3

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**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	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: 4	2 FILER NAME Stephanie Elad	3 Filer ID (Ethics Commission Filers)
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4 Date 02/11/2022	5 Payee name Tractor Supply
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6 Amount (\$) 211.74	7 Payee address: 600 S. Oklahoma	City: Celina	State: TX	Zip Code 75009
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Poles
	(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 FISD Board of Trustees, Place 3	Office held
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Date 03/13/2022	Payee name Marketplace Consulting
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Amount (\$) 281.16	Payee address: 3428 Nickel Creek Dr.	City: Plano	State: TX	Zip Code 75025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Car magnets, 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 Stephanie Elad	Office sought FISD Board of Trustees, Place 3	Office held
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Date 03/01/2022	Payee name Hunter Rose
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Amount (\$) 1,339.58	Payee address: 3428 Nickel Creek Dr.	City: Plano	State: TX	Zip Code 75025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description T-shirts, hats, tote bags, iron ons
	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 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 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 4	2 FILER NAME Stephanie Elad	3 Filer ID (Ethics Commission Filers)
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4 Date 03/07/2022	5 Payee name You Tube
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6 Amount (\$) 500.00	7 Payee address; 2340 E. Trinity Mills Road, Suite 300	City: Carrollton	State: TX	Zip Code 75006
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Ads
	(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 FISD Board of Trustees, Place 3	Office held
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Date 03/14/2022	Payee name First Graphics
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Amount (\$) 941.18	Payee address; 229 Garvon St.	City: Garland	State: TX	Zip Code 75040
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Signs
	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 FISD Board of Trustees, Place 3	Office held
------------------------------------------------------------	-------------------------------------------------	--------------------------------------------------	-------------

Date 03/08/2022	Payee name First Graphics
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Amount (\$) 941.17	Payee address; 229 Garvon St.	City: Garland	State: TX	Zip Code 75040
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Signs
	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 FISD Board of Trustees, Place 3	Office held
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**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  
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.

<b>1</b> Total pages Schedule F1 4	<b>2</b> FILER NAME Stephanie Elad	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date 1/4/22	<b>5</b> Payee name Geeky Beth			
<b>6</b> Amount (\$) 500.00	<b>7</b> Payee address: 2900 Syler Dr.,	City: Hutchinson	State: KS	Zip Code 67502
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising		<b>(b)</b> Description Website build and domain name reservation	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule 1		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Stephanie Elad	Office sought FISD Board of Trustees	Office held	
Date 03/21/2022	Payee name Donovan Armistead			
Amount (\$) 2,500.00	Payee address: 829 Crystal Lake Dr.	City: Frisco	State: TX	Zip Code 75033
<b>PURPOSE OF EXPENDITURE</b>	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 1		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Stephanie Elad	Office sought FISD Board of Trustees (Run a Y)	Office held	
Date:	Payee name			
Amount (\$)	Payee address:	City:	State:	Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule 1		<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 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

Salvation 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 of Schedule G <b>6</b>	2 FILER NAME <b>Stephanie Elad</b>	3 Filer ID (Ethics Commission Files)
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4 Date <b>03/17/2022</b>	5 Payee name <b>Geeky Beth</b>
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6 Amount (\$) <b>350.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions allowed	7 Payee address <b>2900 Syler Dr.</b>	City <b>Hutchinson</b>	State <b>KS</b>	Zip Code <b>67502</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories Listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Facebook Ads</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Stephanie Elad</b>	Office sought <b>FISD Board of Trustees, Place 3</b>	Office held
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Date <b>01/24/2022</b>	Payee name <b>Constant Contact</b>
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Amount (\$) <b>21.32</b> <input checked="" type="checkbox"/> Reimbursement from political contributions allowed	Payee address <b>1601 Trapelo Rd., Suite 329</b>	City <b>Waltham</b>	State <b>MA</b>	Zip Code <b>02451</b>
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PURPOSE OF EXPENDITURE	Category (See Categories Listed at the top of this schedule) <b>Advertising</b>	Description <b>E:mail Service</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX officeholder living expense	

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

Date <b>02/24/2022</b>	Payee name <b>Constant Contact</b>
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Amount (\$) <b>21.32</b> <input checked="" type="checkbox"/> Reimbursement from political contributions allowed	Payee address <b>1601 Trapelo Rd., Suite 329</b>	City <b>Waltham</b>	State <b>MA</b>	Zip Code <b>02451</b>
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PURPOSE OF EXPENDITURE	Category (See Categories Listed at the top of this schedule) <b>Advertising</b>	Description <b>E:mail Service</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F <input type="checkbox"/> Check if Austin, TX officeholder living expense	

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

<b>1</b> Total pages Schedule G  6		<b>2</b> FILER NAME  Stephanie Elad		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date  01/21/2022		<b>5</b> Payee name  HP Instant Ink			
<b>6</b> Amount (\$)  27.05  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address  1501 Page Mill Rd.		City  Palo Alto	State  CA
				Zip Code  94304	
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Office Overhead		<b>(b)</b> Description  Toner service/copies	
		<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas (Complete Schedule T)		<input type="checkbox"/> Check if Austin, TX, officer/holder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate - Officer/holder name		Office sought	
				Office held	
<b>Date</b>  2/11/22		<b>Payee name</b>  Home Depot			
<b>Amount (\$)</b>  21.37  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address</b>  252 N. Custer Rd.		City  McKinney	State  TX
				Zip Code  75071	
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule)  Other - supplies		<b>Description</b>  Zip ties	
		<input type="checkbox"/> Check if travel outside of Texas (Complete Schedule T)		<input type="checkbox"/> Check if Austin, TX, officer/holder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate - Officer/holder name		Office sought	
				Office held	
<b>Date</b>  02/22/2022		<b>Payee name</b>  Signarama			
<b>Amount (\$)</b>  20.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address</b>  9410 Dallas Parkway, #160		City  Frisco	State  TX
				Zip Code  75033	
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See Categories listed at the top of this schedule)  Advertising		<b>Description</b>  Stickers	
		<input type="checkbox"/> Check if travel outside of Texas (Complete Schedule T)		<input type="checkbox"/> Check if Austin, TX, officer/holder living expense	
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		Candidate - Officer/holder name  Stephanie Elad		Office sought  HSJ Board of Trustees (PWR)	
				Office held	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Fund Contribution

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Printing 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, 5, (include G)		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
6		Stephanie Elad			
4 Date		5 Payee name			
03/04/2022		Gibraltar			
6 Amount (\$)		7 Payee address		City	State
100.00		14900 Montfort Dr. Ste 206		Dallas	TX
<input checked="" type="checkbox"/> Reimbursement from political contributions entered		Zip Code			
		75254			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		Other		Background Check CCGOP vetting process	
		(c) Check if travel outside of Texas. Complete Schedule F		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		Payee name			
03/11/2022		Campaign Verify			
Amount (\$)		Payee address		City	State
95.00		P.O. Box 3554		Washington	DC
<input checked="" type="checkbox"/> Reimbursement from political contributions entered		Zip Code			
		20007			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		Other		Text campaign verification	
		Check if travel outside of Texas. Complete Schedule F		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		Payee name			
03/15/2022		Twilio			
Amount (\$)		Payee address		City	State
20.00		375 Beale St., Suite 300		San Francisco	CA
<input checked="" type="checkbox"/> Reimbursement from political contributions entered		Zip Code			
		94105			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		Other		Text Campaign service	
		Check if travel outside of Texas. Complete Schedule F		Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations/State By  
Candidate/Officeholder/Political Committee  
Direct Fundraising

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Printing Expense  
Promoting 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.

<b>1</b> Total pages Schedule G <u>6</u>	<b>2</b> FILER NAME <b>Stephanie Elad</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/15/2022</b>	<b>5</b> Payee name <b>Facebook</b>	
<b>6</b> Amount (\$) <b>10.00</b> <input checked="" type="checkbox"/> Reimbursed from political contributions intended	<b>7</b> Payee address <b>1601 Willow Rd.</b>	City, State, Zip Code <b>Menlo Park CA 94025</b>
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Category listed at the top of this schedule) <b>Advertising</b>	<b>(b) Description</b> <b>Facebook Ads</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Stephanie Elad</b>	Office sought / Office held <b>FISD Board of Trustees - Place 3</b>
Date <b>03/16/2022</b>	Payee name <b>Facebook</b>	
Amount (\$) <b>35.00</b> <input checked="" type="checkbox"/> Reimbursed from political contributions intended	Payee address <b>1601 Willow Rd.</b>	City, State, Zip Code <b>Menlo Park CA 94025</b>
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Category listed at the top of this schedule) <b>Advertising</b>	<b>(b) Description</b> <b>Facebook Ads</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Stephanie Elad</b>	Office sought / Office held <b>FISD Board of Trustees - Place 3</b>
Date <b>03/17/2022</b>	Payee name <b>Facebook</b>	
Amount (\$) <b>40.00</b> <input checked="" type="checkbox"/> Reimbursed from political contributions intended	Payee address <b>1601 Willow Rd.</b>	City, State, Zip Code <b>Menlo Park CA 94025</b>
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a) Category</b> (See Category listed at the top of this schedule) <b>Advertising</b>	<b>(b) Description</b> <b>Facebook Ads</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Stephanie Elad</b>	Office sought / Office held <b>FISD Board of Trustees - Place 3</b>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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### 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.

<b>1</b> Total pages Schedule G: 6	<b>2</b> FILER NAME Stephanie Elad	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/19/2022	<b>5</b> Payee name Facebook	
<b>6</b> Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address: 1601 Willow Rd. City: Menlo Park	State: CA Zip Code: 94025
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Facebook Ads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stephanie Elad	Office sought: FUSD Board of Trustees, Place 3 Office held:
Date 03/18/2022	Payee name Facebook	
Amount (\$) 35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 1601 Willow Rd. City: Menlo Park	State: CA Zip Code: 94025
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Facebook Ads
	(c) <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: FUSD Board of Trustees, Place 3 Office held:
Date 03/22/2022	Payee name Facebook	
Amount (\$) 150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 1601 Willow Rd. City: Menlo Park	State: CA Zip Code: 94025
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Facebook Ads
	(c) <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: FUSD Board of Trustees, Place 3 Office held:

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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.

<b>1</b> Total pages Schedule G: <i>6</i>	<b>2</b> FILER NAME <b>Stephanie Elad</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>03/24/2022</b>	<b>5</b> Payee name <b>Constant Contact</b>	
<b>6</b> Amount (\$) <b>21.32</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address: <b>1601 Trapelo Rd., Suite 329</b>	City: <b>Waltham</b> State: <b>MA</b> Zip Code: <b>02451</b>
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>E:mail Service</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Stephanie Elad</b>	Office sought <b>FISD Board of Trustees, Place3</b> Office held
Date	Payee name	
Amount (\$)  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
	(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	Payee name	
Amount (\$)  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
	(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

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