

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: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY Date Received <div style="font-size: 2em; font-family: cursive;">4/25/25</div> Date Hand-delivered or Date Postmarked <div style="font-size: 2em; font-family: cursive;">4/25/25</div> Receipt # Amount \$ <div style="font-size: 2em; font-family: cursive;">4/25/25</div> Date Processed <div style="font-size: 2em; font-family: cursive;">4/25/25</div> Date Imaged <div style="font-size: 2em; font-family: cursive;">4/25/25</div>	
	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	<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"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 3 25 25 4 23 25		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description 5 3 25 <input type="checkbox"/> General <input type="checkbox"/> Special Municipal		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
Frisco ISD, Place 3		Frisco ISD, Place 3	
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Stephanie Elad

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

5,135.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

257.60

4. TOTAL POLITICAL EXPENDITURES

\$

6,092.03

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

1,220.67

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

20,388.08

18 SIGNATURE

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



Stephanie Elad

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Stephanie Elad this the 25th day of April

20 25 to certify which, witness my hand and seal of office.

Michelle Arellano

Michelle Arellano

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, 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 SCHEDULESUBTOTAL
AMOUNT

1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,135.00
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,157.75
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4	SCHEDULE E: LOANS	\$
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,834.43
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 6	
2 FILER NAME Stephanie Elad				3 Filer ID (Ethics Commission Filers)	
4 Date 03/24/2025		5 Full name of contributor Kerri Morris <small>out-of-state PAC (ID# _____)</small>		100.00	
		6 Contributor address; City: State: Zip Code 9209 Warm Springs Cir Plano TX 75024			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 03/24/2025		Full name of contributor Susan Fallon <small>out-of-state PAC (ID# _____)</small>		250.00	
		Contributor address; City: State: Zip Code 3876 Shady Creek Ct Frisco TX 75033			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 03/24/2025		Full name of contributor John Mefford <small>out-of-state PAC (ID# _____)</small>		100.00	
		Contributor address; City: State: Zip Code 2397 Elm Valley Dr. Little Elm TX 75068			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 03/24/2025		Full name of contributor Cindy Edward <small>out-of-state PAC (ID# _____)</small>		50.00	
		Contributor address; City: State: Zip Code 11308 Jereme Trl 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.					

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

25.00

9	Employer (See Instructions)
---	-----------------------------

out-of-state PAC ID# _____

Amount of contribution (\$)

40.00

Employer (See Instructions)

out-of-state PAC (ID# _____)

Amount of contribution (\$)

200.00

Employer (See Instructions)

out-of-state PAC ID#

Amount of contribution (\$)

25.00

Employer (See Instructions)

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 6	
2 FILER NAME Stephanie Elad				3 Filer ID (Ethics Commission Filers)	
4 Date 04/16/2025		5 Full name of contributor Kristy Hutchins <small>out-of-state PAC (ID# _____)</small>		7 Amount of contribution (\$) 25.00	
		6 Contributor address; City; State Zip Code 9325 Woodhurst Dr. McKinney TX 75072			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 04/16/2025		Full name of contributor Dru Newman <small>out-of-state PAC (ID# _____)</small>		Amount of contribution (\$) 250.00	
		Contributor address; City; State Zip Code 12522 Winelands Ct Frisco TX 75033			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 04/16/2025		Full name of contributor John Mabry <small>out-of-state PAC (ID# _____)</small>		Amount of contribution (\$) 100.00	
		Contributor address; City; State Zip Code 13477 Spirit Falls Dr. Frisco TX 75033			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 04/16/2025		Full name of contributor Marsha Flewelling <small>out-of-state PAC (ID# _____)</small>		Amount of contribution (\$) 50.00	
		Contributor address; City; State Zip Code 3018 Catamaran Ct Frisco TX 75036			
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: **6**

2 FILER NAME

Stephanie Elad

3 Filer ID (Ethics Commission Filers)

4 Date

04/16/2025

5 Full name of contributor

Kerry Huffman

out-of-state PAC (ID# _____)

6 Contributor address;

9423 Tanyard Ln

City;

Frisco

State;

TX

Zip Code

75033

7 Amount of contribution (\$)

25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/03/2025

Full name of contributor

Harry Komsky

out-of-state PAC (ID# _____)

Contributor address;

1010 Ocean Breeze Dr. Allen

City;

State;

TX

Zip Code

75013

Amount of contribution (\$)

2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/11/2025

Full name of contributor

Paul Petkoff

out-of-state PAC (ID# _____)

Contributor address;

7914 Ruskin Circle

City;

Frisco

State;

TX

Zip Code

75034

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/07/2025

Full name of contributor

Gayle Inbody

out-of-state PAC (ID# _____)

Contributor address;

24281 Ontario Lane Lake Forest CA 92630

City;

State;

TX

Zip Code

75034

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1 6	
2 FILER NAME Stephanie Elad				3 Filer ID (Ethics Commission Filers)	
4 Date 04/17/2025	5 Full name of contributor out-of-state PAC (ID# _____) Fran Wilson			7 Amount of contribution (\$) 25.00	
6 Contributor address; City; State; Zip Code 11121 San Pedro St. Frisco TX 73035					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 04/17/2025	Full name of contributor out-of-state PAC (ID# _____) Daniel Elmer			Amount of contribution (\$) 200.00	
Contributor address; City; State; Zip Code 5589 Brookhill Ln Frisco TX 75034					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 04/18/2025	Full name of contributor out-of-state PAC (ID# _____) Kathleen Walsh			Amount of contribution (\$) 20.00	
Contributor address; City; State; Zip Code 881 High Meadow Rd Frisco TX 75033					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 04/18/2025	Full name of contributor out-of-state PAC (ID# _____) Mark Delange			Amount of contribution (\$) 250.00	
Contributor address; City; State; Zip Code 10390 Ridgecrest St 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 6	
2 FILER NAME Stephanie Elad				3 Filer ID (Ethics Commission Filers)	
4 Date 04/18/2025		5 Full name of contributor out-of-state PAC (ID# _____) Charlie Taylor		25.00	
		6 Contributor address; City; State; Zip Code 2474 Angel Falls Dr Frisco TX 75036			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 04/20/2025		Full name of contributor out-of-state PAC (ID# _____) Robert Canright		50.00	
		Contributor address; City; State; Zip Code 8621 Berwick Dr Plano TX 75025			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 04/15/2025		Full name of contributor out-of-state PAC (ID# _____) Gayle Inbody		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 04/15/2025		Full name of contributor out-of-state PAC (ID# _____) Pamela Stacey		75.00	
		Contributor address; City; State; Zip Code 15409 Fox Meadow 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.					

SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

§

5 Date

6 Full name of contributor ☐ out-of-state PAC (ID#)

8	Amount of Contribution \$
---	---------------------------

512.50

9 In-kind contribution
description

Contract labor -
voter outreach

04/09/2025

7 Contributor address: City: State: Zip Code

15251 Camden Ln. Frisco TX 75035

Check if travel outside of Texas Complete Schedule T

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

Financial Advisor

11 Employer (FOR NON-JUDICIAL)(See Instructions)

Self-employed

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

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

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date _____

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

Amount of Contribution \$

443.50

In-kind contribution description

Contract labor -
voter outreach

04/15/2025

Contributor address: City: State: Zip Code

15251 Camden Ln. Frisco TX 75035

Check if travel outside of Texas Complete Schedule T

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Financial Advisor

Employer (FOR NON-JUDICIAL)(See Instructions)

Self-employed

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

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

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: 2	
2 FILER NAME Stephanie Elad				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 04/02/2025		6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jared Elad		8 Amount of Contribution \$ 614.75	
		7 Contributor address: City: State: Zip Code 15251 Camden Ln. Frisco TX 75035		9 In-kind contribution description Contract labor - voter outreach	
				Check if travel outside of Texas Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Financial Advisor				11 Employer (FOR NON-JUDICIAL)(See Instructions) Self-employed	
12 Contributor's principal occupation (FOR JUDICIAL)				13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)				15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 03/25/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jared Elad		Amount of Contribution \$ 587.00	
		Contributor address: City: State: Zip Code 15251 Camden Ln. Frisco TX 75035		In-kind contribution description Contract labor - voter outreach	
				Check if travel outside of Texas Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Financial Advisor				Employer (FOR NON-JUDICIAL)(See Instructions) Self-employed	
Contributor's principal occupation (FOR JUDICIAL)				Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)				Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME
Stephanie Elad 3 Filer ID (Ethics Commission Filers)

4 Date
03/25/2025 5 Payee name
Constant Contact

6 Amount (\$) 7 Payee address: City: State: Zip Code
55.43 1601 Trapelo Road Waltham MA 02451

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule)
Advertising Expense (b) Description
Email Marketing (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name
04/04/2025 Keepers Press

Amount (\$) Payee address: City: State: Zip Code
454.65 1905 Alpha Drive, Ste. 170 Rockwall TX 75087

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)
Advertising Expense Description
Signs (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name
04/11/2025 Republican Party of TX

Amount (\$) Payee address: City: State: Zip Code
765.00 PO Box 2206 Austin TX 78768

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule)
Advertising Expense Description
Advertising (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

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 04/15/2025		5 Payee name Facebook			
6 Amount (\$) 47.65		7 Payee address: 1 Hacker Way		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 Advertising		
	(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		Office sought	
				Office held	
Date 04/17/2025		Payee name CAZ Consulting			
Amount (\$) 4,073.76		Payee address: 5049 Edwards Ranch Road		City: Fort Worth	State: TX
				Zip Code 76019	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Texting Campaign		
	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		Office sought	
				Office held	
Date 04/17/2025		Payee name Coleman Meier			
Amount (\$) 150.00		Payee address: 460 Esperanza Drive		City: Prosper	State: TX
				Zip Code 75078	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Video Production		
	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		Office sought	
				Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 FILER NAME Stephanie Elad 3 Filer ID (Ethics Commission Filers)

4 Date 03/27/2025 5 Payee name Beauty Girl
6 Amount (\$) 143.97 7 Payee address: 2453 Greenbrook Drive City: Little Elm State: TX Zip Code 75068

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Campaign T-Shirts
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 03/27/2025 Payee name Beauty Girl
Amount (\$) 143.97 Payee address: 2453 Greenbrook Drive City: Little Elm State: TX Zip Code 75068

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising Expense Description Contributions to another candidate for another Office
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date Payee name
Amount (\$) Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED