

# 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. <div style="text-align: center; font-size: 2em;">8</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI <b>Mrs.                      Stephanie</b>	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	NICKNAME                      LAST                      SUFFIX <b>Elad</b>	Date Received <div style="font-size: 1.5em; text-align: center;">7/12/2024</div>	
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX                      APT / SUITE #                      CITY                      STATE                      ZIP CODE <b>15251 Camden Lane                      Frisco                      TX                      75035</b>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	AREA CODE                      PHONE NUMBER                      EXTENSION <b>( 858 )                      735-8904</b>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	MS / MRS / MR                      FIRST                      MI <b>Mr.                      Harry</b>	Date Processed	
8 CAMPAIGN TREASURER PHONE	NICKNAME                      LAST                      SUFFIX <b>Komsky</b>	Date Imaged	
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE)                      APT / SUITE #                      CITY                      STATE                      ZIP CODE <b>1010 Ocean Breeze Drive                      Allen                      TX                      75013</b>	Area Code                      Phone Number                      Extension <b>( 310 )                      977-0071</b>	
10 PERIOD COVERED	<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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	Month                      Day                      Year                      Month                      Day                      Year <b>1 / 1 / 24                      THROUGH                      6 / 30 / 24</b>	
11 ELECTION	ELECTION DATE Month                      Day                      Year <b>5 / 7 / 22</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <b>municipal</b>	
12 OFFICE	OFFICE HELD (if any) <b>Trustee, Frisco ISD, Place 3</b>	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <small>Additional Pages</small>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

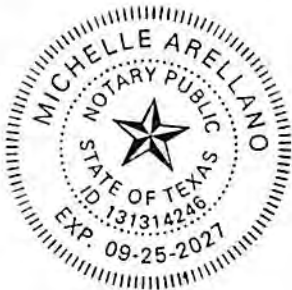
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
Stephanie Elad

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	635.85
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	207.54
	4. TOTAL POLITICAL EXPENDITURES	\$	540.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	758.84
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 12th day of July, 2024, to certify which, witness my hand and seal of office.

*Michelle Arellano*  
Signature of officer administering oath

Michelle Arellano  
Printed name of officer administering oath

Notary  
Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>Stephanie Elad</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 635.85
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4	SCHEDULE E: LOANS	\$
5	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 332.58
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 <b>4</b>
2 FILER NAME <b>Stephanie Elad</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/28/2024</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Sabrina Adamo-Lomonte</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>8936 Frostweed Road Frisco TX 75035</b>		
8 Principal occupation / Job title (See Instructions) <b>N/A</b>		9 Employer (See Instructions)
Date <b>01/22/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Jane Anne Sellars</b>	Amount of contribution (\$) <b>47.97</b>
Contributor address; City; State; Zip Code <b>3252 Castaway Lane Frisco TX 75036</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)
Date <b>01/19/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Neal Reizer</b>	Amount of contribution (\$) <b>47.97</b>
Contributor address; City; State; Zip Code <b>1844 Bridle Blvd Frisco TX 75036</b>		
Principal occupation / Job title (See Instructions) <b>N/A</b>		Employer (See Instructions) <b>self employed</b>
Date <b>01/18/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Sherrie Feffer-Thoman</b>	Amount of contribution (\$) <b>54.00</b>
Contributor address; City; State; Zip Code <b>8796 Bullrush Road Frisco TX 75035</b>		
Principal occupation / Job title (See Instructions) <b>Underwriter</b>		Employer (See Instructions) <b>Zurich</b>

**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: <u>4</u>
2 FILER NAME <b>Stephanie Elad</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/18/2024</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>David Bartek</b>	7 Amount of contribution (\$) <b>10.00</b>
	6 Contributor address; City: State: Zip Code <b>16188 Cinch Drive Frisco TX 75035</b>	
8 Principal occupation / Job title (See Instructions) <b>retired</b>		9 Employer (See Instructions)
Date <b>01/17/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Jaclyn Whisenant</b>	Amount of contribution (\$) <b>47.97</b>
	Contributor address; City: State: Zip Code <b>15267 Nottingham Lane Frisco TX 75035</b>	
Principal occupation / Job title (See Instructions) <b>homemaker</b>		Employer (See Instructions)
Date <b>01/17/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Charles Taylor</b>	Amount of contribution (\$) <b>24.00</b>
	Contributor address; City: State: Zip Code <b>2474 Angel Falls Drive Frisco TX 75036</b>	
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)
Date <b>01/16/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Linda Howard</b>	Amount of contribution (\$) <b>47.97</b>
	Contributor address; City: State: Zip Code <b>9301 Wichita Trail Frisco TX 75033</b>	
Principal occupation / Job title (See Instructions) <b>retired</b>		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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2 FILER NAME <b>Stephanie Elad</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/16/2024</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>Jennifer Kent</b> 6 Contributor address; City; State; Zip Code <b>15112 Christopher Lane Frisco TX 75035</b>	7 Amount of contribution (\$) <b>24.00</b>
8 Principal occupation / Job title (See Instructions) <b>homemaker</b>		9 Employer (See Instructions)
Date <b>01/16/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Stacy Tucci</b> Contributor address; City; State; Zip Code <b>4213 Rancho del Norte Trail McKinney TX 75070</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>IT</b>		Employer (See Instructions) <b>CVS</b>
Date <b>01/16/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Kristin Kucholtz</b> Contributor address; City; State; Zip Code <b>1250 Bowie Lane Frisco TX 75033</b>	Amount of contribution (\$) <b>47.97</b>
Principal occupation / Job title (See Instructions) <b>information not provided</b>		Employer (See Instructions)
Date <b>01/16/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Susan Kershaw</b> Contributor address; City; State; Zip Code <b>11250 Casa Grande Trail Frisco TX 75033</b>	Amount of contribution (\$) <b>24.00</b>
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>Stephanie Elad</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/16/2024</b>	5 Full name of contributor out-of-state PAC (ID# _____) <b>John Mefford</b> 6 Contributor address; City; State; Zip Code <b>2397 Elm Valley Drive Little Elm TX 75068</b>	7 Amount of contribution (\$)  <b>10.00</b>
8 Principal occupation / Job title (See Instructions) <b>Systems Manager</b>		9 Employer (See Instructions) <b>Applied Systems</b>
Date <b>01/16/2024</b>	Full name of contributor out-of-state PAC (ID# _____) <b>Michael Dewey</b> Contributor address; City; State; Zip Code <b>4575 Fallmeadow Drive Frisco TX 75034</b>	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Managing Director Capital Markets</b>		Employer (See Instructions) <b>Alliance Industrial Company</b>
Date	Full name of contributor out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<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>		

# 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: 1	<b>2</b> FILER NAME Stephanie Elad	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01/25/2024	<b>5</b> Payee name Constant Contact
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<b>6</b> Amount (\$) 332.58	<b>7</b> Payee address: 1601 Trapelo Road	City: Waltham	State: MA	Zip Code 02451
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Database/newsletter services for entire reporting period (\$55.43 per month x 6 months)
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address:	City:	State:	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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Date	Payee name
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Amount (\$)	Payee address:	City:	State:	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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