

# 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:   |                                     |   |                                 |  |   |  |  |   |                  |                                  |                                  |                                    |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR                      FIRST                      MI<br>Mrs.                      Stephanie<br>NICKNAME                      LAST                      SUFFIX<br>Elad   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><span style="font-size: 2em; font-weight: bold;">JUL 12 2022</span><br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt #                      Amount \$<br><br>Date Processed<br><br>Date Imaged |  |                                     |   |                                 |  |   |  |  |   |                  |                                  |                                  |                                    |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><small>Change of Address</small> | ADDRESS / PO BOX                      APT / SUITE #                      CITY                      STATE                      ZIP CODE<br>15251 Camden Ln.                      Frisco                      TX                      75035   |   |  |                                     |   |                                 |  |   |  |  |   |                  |                                  |                                  |                                    |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE                      PHONE NUMBER                      EXTENSION<br>( 858 )                      735-8904   |   |  |                                     |   |                                 |  |   |  |  |   |                  |                                  |                                  |                                    |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR                      FIRST                      MI<br>Mr.                      Harry<br>NICKNAME                      LAST                      SUFFIX<br>Komsky  |   |  |                                     |   |                                 |  |   |  |  |   |                  |                                  |                                  |                                    |
| 7 CAMPAIGN TREASURER ADDRESS<br><small>(Residence or Business)</small>         | STREET ADDRESS (NO PO BOX PLEASE)                      APT / SUITE #                      CITY                      STATE                      ZIP CODE<br>1010 Ocean Breeze Dr.                      Allen                      TX                      75013  |   |  |                                     |   |                                 |  |   |  |  |   |                  |                                  |                                  |                                    |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE                      PHONE NUMBER                      EXTENSION<br>( 310 )                      977-0071   |   |  |                                     |   |                                 |  |   |  |  |   |                  |                                  |                                  |                                    |
| 9 REPORT TYPE  | <table style="width:100%; border: none;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH -FR)</td> </tr> </table> |   |  | <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"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH -FR) |                  |                                  |                                  |                                    |
| <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"/> 8th day before election  | <input type="checkbox"/> Exceeded Modified Reporting Limit  | <input type="checkbox"/> Final Report (Attach C/OH -FR)                                    |                                     |   |                                 |  |   |  |  |   |                  |                                  |                                  |                                    |
| 10 PERIOD COVERED  | <table style="width:100%; border: none;"> <tr> <td style="width:25%;">Month      Day      Year</td> <td style="width:25%; text-align: center;">THROUGH</td> <td style="width:25%;">Month      Day      Year</td> <td style="width:25%;"></td> </tr> <tr> <td style="text-align: center;">4      28      22</td> <td></td> <td style="text-align: center;">6      30      22</td> <td></td> </tr> </table>   |   |  | Month      Day      Year            | THROUGH   | Month      Day      Year        |  | 4      28      22                           |  | 6      30      22  |   |                  |                                  |                                  |                                    |
| Month      Day      Year   | THROUGH   | Month      Day      Year  |  |                                     |   |                                 |  |   |  |  |   |                  |                                  |                                  |                                    |
| 4      28      22  |   | 6      30      22   |  |                                     |   |                                 |  |   |  |  |   |                  |                                  |                                  |                                    |
| 11 ELECTION  | <table style="width:100%; border: none;"> <tr> <td style="width:30%;">ELECTION DATE</td> <td colspan="3">ELECTION TYPE</td> </tr> <tr> <td>Month      Day      Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input checked="" type="checkbox"/> Other Description</td> </tr> <tr> <td style="text-align: center;">5      7      22</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Municipal</td> </tr> </table>  |   |  | ELECTION DATE                       | ELECTION TYPE                                     |                                 |  | Month      Day      Year                    | <input type="checkbox"/> Primary                 | <input type="checkbox"/> Runoff                            | <input checked="" type="checkbox"/> Other Description   | 5      7      22 | <input type="checkbox"/> General | <input type="checkbox"/> Special | <input type="checkbox"/> Municipal |
| ELECTION DATE  | ELECTION TYPE   |   |  |                                     |   |                                 |  |   |  |  |   |                  |                                  |                                  |                                    |
| Month      Day      Year   | <input type="checkbox"/> Primary  | <input type="checkbox"/> Runoff   | <input checked="" type="checkbox"/> Other Description                                      |                                     |   |                                 |  |   |  |  |   |                  |                                  |                                  |                                    |
| 5      7      22   | <input type="checkbox"/> General  | <input type="checkbox"/> Special  | <input type="checkbox"/> Municipal   |                                     |   |                                 |  |   |  |  |   |                  |                                  |                                  |                                    |
| 12 OFFICE  | OFFICE HELD (if any)<br>FISD Board of Trustees, Place 3   | 13 OFFICE SOUGHT (if known)<br>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.   |   |  |                                     |   |                                 |  |   |  |  |   |                  |                                  |                                  |                                    |
| Additional Pages:  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>  | COMMITTEE TYPE  | COMMITTEE NAME   | GENERAL                             | COMMITTEE ADDRESS                                 | SPECIFIC                        | COMMITTEE CAMPAIGN TREASURER NAME  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS             |  |   |                  |                                  |                                  |                                    |
| COMMITTEE TYPE   | COMMITTEE NAME  |   |  |                                     |   |                                 |  |   |  |  |   |                  |                                  |                                  |                                    |
| GENERAL  | COMMITTEE ADDRESS   |   |  |                                     |   |                                 |  |   |  |  |   |                  |                                  |                                  |                                    |
| SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME   |   |  |                                     |   |                                 |  |   |  |  |   |                  |                                  |                                  |                                    |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |   |  |                                     |   |                                 |  |   |  |  |   |                  |                                  |                                  |                                    |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

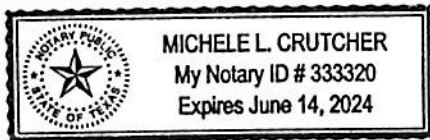
|                                |   |  |
|--------------------------------|---|--|
| 15 C/OH NAME<br>Stephanie Elad |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS         | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00                                |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 6,359.00                            |
| EXPENDITURE TOTALS             | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE   | \$ 693.12                              |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ 22,403.18                           |
| CONTRIBUTION BALANCE           | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 1,045.10                            |
| OUTSTANDING LOAN TOTALS        | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 20,088.38                           |

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 12<sup>TH</sup> day of JULY

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

*Michele L. Crutcher* MICHELE L. CRUTCHER 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<br><b>Stephanie Elad</b>    |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         | \$ 5,865.00                            |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS           | \$ 494.00                              |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$                                     |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 11,271.00                           |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 21,710.06                           |
| 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   |
| 2 FILER NAME<br><b>Stephanie Elad</b>                     |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br><b>04/28/2022</b>                               | 5 Full name of contributor <small>out-of-state PAC (ID# _____)</small><br><b>Kevin Hagen</b><br>6 Contributor address; City; State; Zip Code<br><b>3797 Sun Garden Dr. Frisco TX 75034</b> | 7 Amount of contribution (\$)<br><br><span style="font-size: 2em;"><b>50.00</b></span> |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)  |
| Date<br><b>04/28/2022</b>                                 | Full name of contributor <small>out-of-state PAC (ID# _____)</small><br><b>Eric Gallagher</b><br>Contributor address; City; State; Zip Code<br><b>13088 Cowper Dr. Frisco TX 75035</b>     | Amount of contribution (\$)<br><br><span style="font-size: 2em;"><b>250.00</b></span>  |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)  |
| Date<br><b>04/30/2022</b>                                 | Full name of contributor <small>out-of-state PAC (ID# _____)</small><br><b>Paul Petkoff</b><br>Contributor address; City; State; Zip Code<br><b>7914 Ruskin Circle Frisco TX 75034</b>     | Amount of contribution (\$)<br><br><span style="font-size: 2em;"><b>45.00</b></span>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)  |
| Date<br><b>05/01/2022</b>                                 | Full name of contributor <small>out-of-state PAC (ID# _____)</small><br><b>Joseph Vonheeder</b><br>Contributor address; City; State; Zip Code<br><b>PO Box 457 Victorville CA 92393</b>    | Amount of contribution (\$)<br><br><span style="font-size: 2em;"><b>50.00</b></span>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule A1:                         |
| 2 FILER NAME<br><b>Stephanie Elad</b>                     |  | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><b>05/05/2022</b>                               | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Gayle Inbody</b><br>6 Contributor address; City; State; Zip Code<br><b>24281 Ontario Ln. Lake Forest CA 92630</b> | 7 Amount of contribution (\$)<br><br><b>500.00</b> |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)                      |
| Date<br><b>05/05/2022</b>                                 | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Max Neiman</b><br>Contributor address; City; State; Zip Code<br><b>20436 VA-a Don Juan Yorba Linda CA 92886</b>     | Amount of contribution (\$)<br><br><b>50.00</b>    |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                        |
| Date<br><b>05/07/2022</b>                                 | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Sandra Eliot</b><br>Contributor address; City; State; Zip Code<br><b>3 Moon Dust Irvine CA 92603</b>                | Amount of contribution (\$)<br><br><b>100.00</b>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                        |
| Date<br><b>05/09/2022</b>                                 | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Rick Novia</b><br>Contributor address; City; State; Zip Code<br><b>5 Prosperity Dr. Derry NH 03038</b>              | Amount of contribution (\$)<br><br><b>25.00</b>    |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                        |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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| 2 FILER NAME<br><b>Stephanie Elad</b>                     |  | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br><b>05/09/2022</b>                               | 5 Full name of contributor out-of-state PAC (ID# _____)<br><b>Milan Hejtmanek</b>            | 7 Amount of contribution (\$)<br><br><b>25.00</b> |
|   | 6 Contributor address; City; State; Zip Code<br><b>415 Church, #2601 Nashville TN 37219</b>  |   |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)                     |
| Date<br><b>05/09/2022</b>                                 | Full name of contributor out-of-state PAC (ID# _____)<br><b>Jolene Fuentes</b>               | Amount of contribution (\$)<br><br><b>100.00</b>  |
|   | Contributor address; City; State; Zip Code<br><b>22112 Windward Way Lake Forest CA 92630</b> |   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                       |
| Date<br><b>05/09/2022</b>                                 | Full name of contributor out-of-state PAC (ID# _____)<br><b>Jane Johnson</b>                 | Amount of contribution (\$)<br><br><b>25.00</b>   |
|   | Contributor address; City; State; Zip Code<br><b>5723 S. Damen Ave. Chicago IL 60636</b>     |   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                       |
| Date<br><b>05/09/2022</b>                                 | Full name of contributor out-of-state PAC (ID# _____)<br><b>Nathan Raymond</b>               | Amount of contribution (\$)<br><br><b>50.00</b>   |
|   | Contributor address; City; State; Zip Code<br><b>14756 Blakehill Dr. Frisco TX 75035</b>     |   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                       |

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| 4 Date<br><b>05/09/2022</b>                               | 5 Full name of contributor out-of-state PAC (ID# _____)<br><b>Michael Pearl</b>             | 7 Amount of contribution (\$)<br><br><b>50.00</b> |
|   | 6 Contributor address; City; State; Zip Code<br><b>2505 Croton Ave. Sarasota FL 34239</b>   |   |
| 8 Principal occupation / Job title (See Instructions)     |   | 9 Employer (See Instructions)                     |
| Date<br><b>05/09/2022</b>                                 | Full name of contributor out-of-state PAC (ID# _____)<br><b>Mariola Sokol-Makos</b>         | Amount of contribution (\$)<br><br><b>150.00</b>  |
|   | Contributor address; City; State; Zip Code<br><b>27 S. Delphia Ave. Park Ridge IL 60068</b> |   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                       |
| Date<br><b>05/09/2022</b>                                 | Full name of contributor out-of-state PAC (ID# _____)<br><b>Ronald Jones</b>                | Amount of contribution (\$)<br><br><b>25.00</b>   |
|   | Contributor address; City; State; Zip Code<br><b>8601 Beach Blvd. Jacksonville FL 32216</b> |   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                       |
| Date<br><b>05/09/2022</b>                                 | Full name of contributor out-of-state PAC (ID# _____)<br><b>Ann Ford</b>                    | Amount of contribution (\$)<br><br><b>10.00</b>   |
|   | Contributor address; City; State; Zip Code<br><b>6056 Painter Ave. Whittier CA 90601</b>    |   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                       |

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# MONETARY POLITICAL CONTRIBUTIONS

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| 2 FILER NAME<br><b>Stephanie Elad</b>                     |   | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br><b>05/09/2022</b>                               | 5 Full name of contributor out-of-state PAC (ID# _____)<br><b>Joseph Daniel</b>             | 7 Amount of contribution (\$)<br><br><b>20.00</b> |
|   | 6 Contributor address; City; State; Zip Code<br><b>208 Yoalana St. Boerne TX 78006</b>      |   |
| 8 Principal occupation / Job title (See Instructions)     |   | 9 Employer (See Instructions)                     |
| Date<br><b>05/11/2022</b>                                 | Full name of contributor out-of-state PAC (ID# _____)<br><b>Marta Guerrero</b>              | Amount of contribution (\$)<br><br><b>5.00</b>    |
|   | Contributor address; City; State; Zip Code<br><b>526 G. ST. SE Quincy WA 98848</b>          |   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                       |
| Date<br><b>05/12/2022</b>                                 | Full name of contributor out-of-state PAC (ID# _____)<br><b>William Smith</b>               | Amount of contribution (\$)<br><br><b>25.00</b>   |
|   | Contributor address; City; State; Zip Code<br><b>892 Picadilly Dr. White House TN 37188</b> |   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                       |
| Date<br><b>05/15/2022</b>                                 | Full name of contributor out-of-state PAC (ID# _____)<br><b>Debbie Marush</b>               | Amount of contribution (\$)<br><br><b>200.00</b>  |
|   | Contributor address; City; State; Zip Code<br><b>1570 Bay Blvd. Atlantic Beach NY 11509</b> |   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                       |

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Stephanie Elad

3 Filer ID (Ethics Commission Filers)

4 Date

05/15/2022

5 Full name of contributor

Judy Gardner

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

7 Amount of contribution (\$)

35.00

6 Contributor address;

City:

State:

Zip Code

W. Dutch Harbor Cir. Enterprise NV 89113

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/23/2022

Full name of contributor

Jared Patterson

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

Amount of contribution (\$)

1,000.00

Contributor address;

City:

State:

Zip Code

4412 Sapphire Dr. Frisco TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/06/2022

Full name of contributor

Jay Schwartz

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

Amount of contribution (\$)

50.00

Contributor address;

City:

State:

Zip Code

15178 Beckley Ln. Frisco TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/07/2022

Full name of contributor

Vickie Costa

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

Amount of contribution (\$)

25.00

Contributor address;

City:

State:

Zip Code

10521 Chablis 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:

2 FILER NAME

Stephanie Elad

3 Filer ID (Ethics Commission Filers)

4 Date

06/23/2022

5 Full name of contributor

Michelle Milholland

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

7 Amount of contribution (\$)

3,000.00

6 Contributor address;

City;

State;

Zip Code

6050 Chamberlyne Dr. Frisco TX 75035

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

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.

# 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<br><b>Stephanie Elad</b>  |  | 3 Filer ID (Ethics Commission Filers)   |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  |  | \$ <b>0.00</b>  |   |
| 5 Date<br><br>06/14/2022   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Adi Campuzano</b>                         | 8 Amount of Contribution \$<br><br>494.00   | 9 In-kind contribution description<br><br>Consulting Services - Marketing |
| 7 Contributor address; City: State: Zip Code<br><b>3245 Main St., #235 Frisco TX 75034</b>   |  | Check if travel outside of Texas. Complete Schedule T.                                |   |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)<br><b>President</b> |  | 11 Employer (FOR NON-JUDICIAL)(See Instructions)<br><b>Dedicated Office Solutions</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   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><br>Contributor address; City: State: Zip Code | Amount of Contribution \$   | In-kind contribution description  |
|  |  |   |   |
| 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)                     |  |   |   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# 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<br><b>Stephanie Elad</b>  |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |  | \$  |
| 5 Date of loan<br><b>05/16/2022</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )<br><b>Stephanie Elad</b> | 9 Loan Amount (\$)<br><b>11,271.00</b>  |
| 6 Is lender a financial Institution?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code<br><b>25251 Camden Ln. 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<br><br>none   |  | 15 Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br>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?<br><input type="checkbox"/> Y <input 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<br><br>none  |  | Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br>not applicable  | Name of guarantor  | Amount Guaranteed (\$)  |
|  | Guarantor address; City; State; Zip Code   |   |
| Principal Occupation (See Instructions)  |  | Employer (See Instructions)   |

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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.

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| 1 Total pages Schedule F1:                                   |   | 2 FILER NAME<br>Stephanie Elad                          |   | 3 Filer ID (Ethics Commission Filers)            |  |
| 4 Date<br>04/29/2022   |   | 5 Payee name<br>You Tube Ads                            |   |  |  |
| 6 Amount (\$)<br>500.00                                      |   | 7 Payee address:<br>2340 E. Trinity Mills Rd. Suite 300 |   | City:<br>Carrollton                              | State:<br>TX<br>Zip Code:<br>75006             |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br>Advertising     |   | (b) Description<br>Ads  |  |  |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   | Candidate / Officeholder name<br>Stephanie Elad         |   | Office sought<br>FISD Board of Trustees, Place 3 | Office held<br>FISD Board of Trustees, Place 3 |
| Date<br>05/08/2022   |   | Payee name<br>Twilio                                    |   |  |  |
| Amount (\$)<br>225.32  |   | Payee address:<br>375 Beale St., Suite 300              |   | City:<br>San Francisco                           | State:<br>CA<br>Zip Code:<br>94105             |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br>Fees                |   | Description<br>Text message charges                                       |  |  |
|  | <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<br>Stephanie Elad         |   | Office sought<br>FISD Board of Trustees, Place 3 | Office held<br>FISD Board of Trustees, Place 3 |
| Date<br>05/09/2022   |   | Payee name<br>Donovan Armistead                         |   |  |  |
| Amount (\$)<br>4,787.00                                      |   | Payee address:<br>892 Crystal Lake Dr.                  |   | City:<br>Frisco                                  | State:<br>TX<br>Zip Code:<br>75033             |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br>Advertising         |   | Description<br>Block walking services                                     |  |  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.     |   | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   | Candidate / Officeholder name<br>Stephanie Elad         |   | Office sought<br>FISD Board of Trustees, Place 3 | Office held<br>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         | 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                                    | <b>2</b> FILER NAME<br>Stephanie Elad  |                      | <b>3</b> Filer ID (Ethics Commission Filers)                               |  |
| <b>4</b> Date<br>05/14/2022   | <b>5</b> Payee name<br>Facebook Ads  |                      |  |  |
| <b>6</b> Amount (\$)<br>226.74                                      | <b>7</b> Payee address:<br>1601 Willow Rd.   | City:<br>Menlo Park  | State:<br>CA   | Zip Code<br>94025                              |
| <b>8</b><br><br>PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule):<br>Advertising    |                      | <b>(b)</b> Description<br>Ads  |  |
|   | <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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br>Stephanie Elad  |                      | Office sought<br>FISD Board of Trustees, Place 3                           | Office held<br>FISD Board of Trustees, Place 3 |
| Date<br>05/16/2022  | Payee name<br>Axiom Strategies   |                      |  |  |
| Amount (\$)<br>11,271.00  | Payee address:<br>800 W. 47th St., Suite 200   | City:<br>Kansas City | State:<br>MO   | Zip Code<br>64112                              |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule):<br>Advertising               |                      | Description<br>Mailers   |  |
|   | <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<br>Stephanie Elad  |                      | Office sought<br>FISD Board of Trustees, Place 3                           | Office held<br>FISD Board of Trustees, Place 3 |
| Date<br>06/29/2022  | Payee name<br>Stephanie Elad   |                      |  |  |
| Amount (\$)<br>3,682.62   | Payee address:<br>15251 Camden Lane  | City:<br>Frisco      | State:<br>TX   | Zip Code<br>75035                              |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule):<br>Loan Repayment            |                      | Description<br>Reimbursement   |  |
|   | <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<br>Stephanie Elad  |                      | Office sought<br>FISD Board of Trustees, Place 3                           | Office held<br>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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                |                                | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>3                       | <b>2</b> FILER NAME<br>Stephanie Elad   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>06/29/2022                                  | <b>5</b> Payee name<br>Stephanie Elad   |  |
| <b>6</b> Amount (\$)<br>1,017.38                             | <b>7</b> Payee address:<br>15251 Camden Lane  | City: Frisco<br>State: TX<br>Zip Code: 75035   |
| <b>8</b><br><br>PURPOSE OF EXPENDITURE                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Repay candidate for expenditures made from person funds in prior period                    | <b>(b)</b> Description<br>Various items reported on Schedule G for period ended 03/28/22.      |
|  | <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<br>Stephanie Elad   | Office sought: Fisd Board of Trustees, Place 3<br>Office held: Fisd Board of Trustees, Place 3 |
| Date   | Payee name  |  |
| Amount (\$)  | Payee address:  | City: State: Zip Code  |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)  | Description  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.            |  |
| Complete 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  |
|  | <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   | Office sought: Office held:  |

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