

# 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:  
**10**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. David  
Stine

OFFICE USE ONLY

Date Received

4-28-23  
SA

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

2714 Devonshire Ct. - EV, TX 76031

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 542-5247

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Stacy  
Amerson

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

4200 Lexington Pkwy, Colleyville TX 76034

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 587-4439

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign  
treasurer appointment  
(Officeholder Only)

July 15

8th day before election

Exceeded Modified  
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

4 / 4 / 2023 THROUGH 4 / 28 / 2023

11 ELECTION

ELECTION DATE

Month Day Year

05 / 16 / 2023

ELECTION TYPE

Primary

Runoff

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

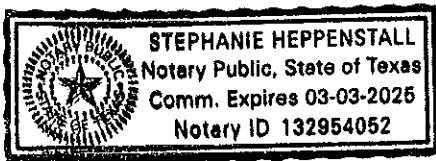
**FORM C/OH  
COVER SHEET PG 2**

|   |   |   |
|---|---|---|
| <b>15 C/OH NAME</b><br><i>David Stine</i> |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>             | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <i>0</i>                                   |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <i>3,335.00</i>                            |
| <b>EXPENDITURE TOTALS</b>                 | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <i>0</i>                                   |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ <i>5,304.47</i>                            |
| <b>CONTRIBUTION BALANCE</b>               | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <i>1,287.92</i>                            |
| <b>OUTSTANDING LOAN TOTALS</b>            | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <i>1,000.00</i>                            |

**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.

*David Stine*

Signature of Candidate or Officeholder



**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by David Stine this the 28 day of April

2023, to certify which, witness my hand and seal of office.

Stephanie Heppenstall Stephanie Heppenstall 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><i>David Stone</i>       |   | 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                           | \$ <i>3,335.00</i>                     |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ <i>0</i>                            |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ <i>0</i>                            |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$ <i>0</i>                            |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ <i>5,304.47</i>                     |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ <i>0</i>                            |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ <i>0</i>                            |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ <i>0</i>                            |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ <i>0</i>                            |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ <i>0</i>                            |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ <i>0</i>                            |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <i>0</i>                            |

# 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>5</b>            |
| 2 FILER NAME<br><b>David Stone</b>  |   | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date<br><b>4/19/2023</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Martha Ann Hammond</b>  | 7 Amount of contribution (\$)<br><b>\$ 50-</b> |
| 6 Contributor address; City; State; Zip Code<br><b>3317 Lexington Ave GV TX 76051</b>       |   |  |
| 8 Principal occupation / Job title (See Instructions)                                       |   | 9 Employer (See Instructions)                  |
| Date<br><b>4/20/2023</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Alli Kelso</b>            | Amount of contribution (\$)<br><b>\$ 100-</b>  |
| Contributor address; City; State; Zip Code<br><b>2608 Navarro Tr. Gules TX 76039</b>        |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
| Date<br><b>4/20/2023</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Manisela Berkstresser</b> | Amount of contribution (\$)<br><b>\$ 100-</b>  |
| Contributor address; City; State; Zip Code<br><b>4804 Presnick Dr. CV, TX 76034</b>         |   |  |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
| Date<br><b>4/20/2023</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Lisa Warren</b>           | Amount of contribution (\$)<br><b>\$ 100-</b>  |
| Contributor address; City; State; Zip Code<br><b>3305 Scarborough Lane Ct. CV, TX 76034</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

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|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form.                                     |   | 1 Total pages Schedule A1: <b>5</b>         |
| 2 FILER NAME<br><b>David Stone</b>  |   | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br><b>4/21/2023</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Amy Ray</b>     | 7 Amount of contribution (\$) <b>\$100-</b> |
| 6 Contributor address; City; State; Zip Code<br><b>3002 Glen Dale Dr. CV 76034</b>            |   |   |
| 8 Principal occupation / Job title (See Instructions)   |   | 9 Employer (See Instructions)               |
| Date<br><b>4/21/2023</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Mark Harrison</b> | Amount of contribution (\$) <b>\$100-</b>   |
| Contributor address; City; State; Zip Code<br><b>1421 Douglas, North Providence, RI 02904</b> |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                 |
| Date<br><b>4/21/2023</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jordan Bell</b>   | Amount of contribution (\$) <b>\$25-</b>    |
| Contributor address; City; State; Zip Code<br><b>209 Hawks Ridge Tr. CV TX 76034</b>          |   |   |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                 |
| Date<br><b>4/21/2023</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Abby Bachman</b>  | Amount of contribution (\$) <b>\$100</b>    |
| Contributor address; City; State; Zip Code<br><b>3405 Heritage Oak Ct. GV TX 76051</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: **5**

2 FILER NAME

David Stone

3 Filer ID (Ethics Commission Filers)

4 Date

4/25/2023

5 Full name of contributor

Dawn-Carole Harris

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

7 Amount of contribution (\$)

\$100 -

6 Contributor address;

City;

State;

Zip Code

3073 High Timber Ct GV 76051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/26/2023

Full name of contributor

Karen Deakin

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

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

4828 Lakeside Dr. CV TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/2023

Full name of contributor

Stephanie Tenkell

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

Amount of contribution (\$)

\$1,500

Contributor address;

City;

State;

Zip Code

3205 Magnolia Ct GV TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/20/2023

Full name of contributor

Ashley Elmore

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

Amount of contribution (\$)

\$200 -

Contributor address;

City;

State;

Zip Code

3202 Wilton Woods Ct CV, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# 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: 5                  |
| 2 FILER NAME<br><i>David Stine</i>   |   | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br><i>4/15/2023</i>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Aurora East</i>   | 7 Amount of contribution (\$)<br><i>\$10-</i> |
| 6 Contributor address; City; State; Zip Code<br><i>3521 Widdowson Forest Dr, Giv TX 76051</i>  |   |   |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)                 |
| Date<br><i>4/15/2023</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Stephen Schreck</i> | Amount of contribution (\$)<br><i>\$50-</i>   |
| Contributor address; City; State; Zip Code<br><i>7000 Sheperds Glen CV, TX 76034</i>   |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                   |
| Date<br><i>4/17/2023</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Vickie Walker</i>   | Amount of contribution (\$)<br><i>\$100-</i>  |
| Contributor address; City; State; Zip Code<br><i>3204 Ladent Bedford, TX 76021</i>   |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                   |
| Date<br><i>4/17/2023</i>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><i>Amanda Thomas</i>   | Amount of contribution (\$)<br><i>\$100</i>   |
| Contributor address; City; State; Zip Code<br><i>3377 Spruce Ln Giv TX 76051</i>   |   |   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)                   |
| <p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br/>                 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 5

2 FILER NAME 3 Filer ID (Ethics Commission Filers)

|  |   |   |
|--|---|---|
| 4 Date<br>4/21/2023  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Al Amerson | 7 Amount of contribution (\$)<br>\$500- |
| 6 Contributor address; City; State; Zip Code<br>4206 Lexington Park CV, TX 76034 |   |   |

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

|  |   |                             |
|--|---|-----------------------------|
| Date                                       | Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code |   |                             |

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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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.

|                                     |  |  |  |                                       |  |
|-------------------------------------|--|--|--|---------------------------------------|--|
| 1 Total pages Schedule F1: <b>2</b> |  | 2 FILER NAME<br><b>David Stone</b>   |  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br><b>4/17/2024</b>          |  | 5 Payee name<br><b>Tractor Supply</b>  |  |                                       |  |
| 6 Amount (\$)<br><b>\$280.01</b>    |  | 7 Payee address; City; State; Zip Code<br><b>1701 N. US 377 Roanoke TX 76262</b> |  |                                       |  |
| 8 PURPOSE OF EXPENDITURE            | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> |  | (b) Description<br><b>Billboard Sign Polls</b>                             |                                       |  |
|                                     | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense. |                                       |  |

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

|                                 |   |   |  |  |  |
|---------------------------------|---|---|--|--|--|
| Date<br><b>4/26/23</b>          |   | Payee name<br><b>Mailroom Hurst</b>   |  |  |  |
| Amount (\$)<br><b>\$3234.40</b> |   | Payee address; City; State; Zip Code<br><b>729 Grapevine Hwy Hurst TX 76054</b> |  |  |  |
| PURPOSE OF EXPENDITURE          | Category (See Categories listed at the top of this schedule)<br><b>Printing</b> |   | Description<br><b>mailers</b>  |  |  |
|                                 | <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<br><b>4/26/23</b>            |   | Payee name<br><b>Mailroom Hurst</b>   |  |  |  |
| Amount (\$)<br><b>\$1,1629.26</b> |   | Payee address; City; State; Zip Code<br><b>729 Grapevine Hwy Hurst TX 76054</b> |  |  |  |
| PURPOSE OF EXPENDITURE            | Category (See Categories listed at the top of this schedule)<br><b>Printing</b> |   | Description<br><b>mailers</b>  |  |  |
|                                   | <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 |
|---|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>3                              | <b>2</b> FILER NAME<br>David Stone   | <b>3</b> Filer ID (Ethics Commission Filers)                              |
| <b>4</b> Date<br>4/4/23   | <b>5</b> Payee name<br>Quick books   |   |
| <b>6</b> Amount (\$)<br>\$58.63                                     | <b>7</b> Payee address; City; State; Zip Code<br>www.quickbooks.com                        |   |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees            | <b>(b)</b> Description<br>Finance software                                |
|   | <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  | Office sought      Office held  |

|  |   |   |
|--|---|---|
| Date<br>4/4/23   | Payee name<br>USPS  |   |
| Amount (\$)<br>\$4.78                                      | Payee address; City; State; Zip Code<br>1251 William D Tate GV TX 76051         |   |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br>other-postage   | Description<br>postage  |
|  | <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<br>4/27/23  | Payee name<br>Academy   |   |
| Amount (\$)<br>\$97.39                                     | Payee address; City; State; Zip Code<br>1523 State Hwy 114 W Grapevine TX 76051 |   |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br>Polling Expense | Description<br>Canopy Weights   |
|  | <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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