

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

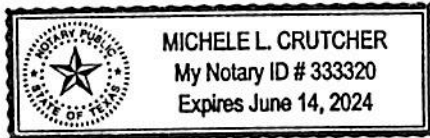
15 C/OH NAME Stephanie Elad		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES 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 12TH day of JULY, 2022, 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 Stephanie Elad		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 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 Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 04/28/2022	5 Full name of contributor out-of-state PAC (ID# _____) Kevin Hagen 6 Contributor address; City; State; Zip Code 3797 Sun Garden Dr. Frisco TX 75034	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/28/2022	Full name of contributor out-of-state PAC (ID# _____) Eric Gallagher Contributor address; City; State; Zip Code 13088 Cowper Dr. Frisco TX 75035	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/30/2022	Full name of contributor out-of-state PAC (ID# _____) Paul Petkoff Contributor address; City; State; Zip Code 7914 Ruskin Circle Frisco TX 75034	Amount of contribution (\$) 45.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/2022	Full name of contributor out-of-state PAC (ID# _____) Joseph Vonheeder Contributor address; City; State; Zip Code PO Box 457 Victorville CA 92393	Amount of contribution (\$) 50.00
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:
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 Date 05/05/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Gayle Inbody <hr/> 6 Contributor address; City; State; Zip Code 24281 Ontario Ln. Lake Forest CA 92630	7 Amount of contribution (\$) <h2 style="margin: 0;">500.00</h2>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/05/2022	Full name of contributor out-of-state PAC (ID#: _____) Max Neiman <hr/> Contributor address; City; State; Zip Code 20436 VA-a Don Juan Yorba Linda CA 92886	Amount of contribution (\$) <h2 style="margin: 0;">50.00</h2>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/07/2022	Full name of contributor out-of-state PAC (ID#: _____) Sandra Eliot <hr/> Contributor address; City; State; Zip Code 3 Moon Dust Irvine CA 92603	Amount of contribution (\$) <h2 style="margin: 0;">100.00</h2>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/2022	Full name of contributor out-of-state PAC (ID#: _____) Rick Novia <hr/> Contributor address; City; State; Zip Code 5 Prosperity Dr. Derry NH 03038	Amount of contribution (\$) <h2 style="margin: 0;">25.00</h2>
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 05/09/2022	5 Full name of contributor out-of-state PAC (ID# _____) Milan Hejtmanek <hr/> 6 Contributor address; City; State; Zip Code 415 Church, #2601 Nashville TN 37219	7 Amount of contribution (\$) <h2 style="margin: 0;">25.00</h2>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/09/2022	Full name of contributor out-of-state PAC (ID# _____) Jolene Fuentes <hr/> Contributor address; City; State; Zip Code 22112 Windward Way Lake Forest CA 92630	Amount of contribution (\$) <h2 style="margin: 0;">100.00</h2>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/2022	Full name of contributor out-of-state PAC (ID# _____) Jane Johnson <hr/> Contributor address; City; State; Zip Code 5723 S. Damen Ave. Chicago IL 60636	Amount of contribution (\$) <h2 style="margin: 0;">25.00</h2>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/2022	Full name of contributor out-of-state PAC (ID# _____) Nathan Raymond <hr/> Contributor address; City; State; Zip Code 14756 Blakehill Dr. Frisco TX 75035	Amount of contribution (\$) <h2 style="margin: 0;">50.00</h2>
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 05/09/2022	5 Full name of contributor out-of-state PAC (ID# _____) Michael Pearl	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code 2505 Croton Ave. Sarasota FL 34239	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/09/2022	Full name of contributor out-of-state PAC (ID# _____) Mariola Sokol-Makos	Amount of contribution (\$) 150.00
	Contributor address; City; State; Zip Code 27 S. Delphia Ave. Park Ridge IL 60068	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/2022	Full name of contributor out-of-state PAC (ID# _____) Ronald Jones	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code 8601 Beach Blvd. Jacksonville FL 32216	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/09/2022	Full name of contributor out-of-state PAC (ID# _____) Ann Ford	Amount of contribution (\$) 10.00
	Contributor address; City; State; Zip Code 6056 Painter Ave. Whittier CA 90601	
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

05/09/2022

5 Full name of contributor

Joseph Daniel

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

20.00

6 Contributor address;

208 Yoalana St.

City;

Boerne

State;

TX

Zip Code

78006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/11/2022

Full name of contributor

Marta Guerrero

out-of-state PAC (ID# _____)

Amount of contribution (\$)

5.00

Contributor address;

526 G. ST. SE

City;

Quincy

State;

WA

Zip Code

98848

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/12/2022

Full name of contributor

William Smith

out-of-state PAC (ID# _____)

Amount of contribution (\$)

25.00

Contributor address;

892 Picadilly Dr.

City;

White House

State;

TN

Zip Code

37188

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/15/2022

Full name of contributor

Debbie Marush

out-of-state PAC (ID# _____)

Amount of contribution (\$)

200.00

Contributor address;

1570 Bay Blvd.

City;

Atlantic Beach

State;

NY

Zip Code

11509

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

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#: _____)

6 Contributor address;

6050 Chamberlyne Dr. Frisco TX 75035

City;

State;

Zip Code

7 Amount of contribution (\$)

3,000.00

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: 1	
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 06/14/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adi Campuzano	8 Amount of Contribution \$ 494.00	9 In-kind contribution description Consulting Services - Marketing
7 Contributor address; City: State: Zip Code 3245 Main St., #235 Frisco TX 75034		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) President		11 Employer (FOR NON-JUDICIAL)(See Instructions) Dedicated Office Solutions	
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# _____) 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: 1
2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 05/16/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Stephanie Elad	9 Loan Amount (\$) 11,271.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code 25251 Camden Ln. Frisco TX 75035	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)	
4 Date 04/29/2022	5 Payee name You Tube Ads			
6 Amount (\$) 500.00	7 Payee address: 2340 E. Trinity Mills Rd. Suite 300	City: Carrollton	State: TX	Zip Code 75006
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description 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 Stephanie Elad	Office sought FISD Board of Trustees, Place 3	Office held FISD Board of Trustees, Place 3	
Date 05/08/2022	Payee name Twilio			
Amount (\$) 225.32	Payee address: 375 Beale St., Suite 300	City: San Francisco	State: CA	Zip Code 94105
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Text message charges	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Stephanie Elad	Office sought FISD Board of Trustees, Place 3	Office held FISD Board of Trustees, Place 3	
Date 05/09/2022	Payee name Donovan Armistead			
Amount (\$) 4,787.00	Payee address: 892 Crystal Lake Dr.	City: Frisco	State: TX	Zip Code 75033
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Block walking services	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Stephanie Elad	Office sought FISD Board of Trustees, Place 3	Office held FISD Board of Trustees, Place 3	

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.

1 Total pages Schedule F1	2 FILER NAME Stephanie Elad		3 Filer ID (Ethics Commission Filers)	
4 Date 05/14/2022	5 Payee name Facebook Ads			
6 Amount (\$) 226.74	7 Payee address: 1601 Willow Rd.	City: Menlo Park	State: CA	Zip Code 94025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Advertising		(b) Description 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 Stephanie Elad		Office sought FISD Board of Trustees, Place 3	Office held FISD Board of Trustees, Place 3
Date 05/16/2022	Payee name Axiom Strategies			
Amount (\$) 11,271.00	Payee address: 800 W. 47th St., Suite 200	City: Kansas City	State: MO	Zip Code 64112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Advertising		Description 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 Stephanie Elad		Office sought FISD Board of Trustees, Place 3	Office held FISD Board of Trustees, Place 3
Date 06/29/2022	Payee name Stephanie Elad			
Amount (\$) 3,682.62	Payee address: 15251 Camden Lane	City: Frisco	State: TX	Zip Code 75035
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): Loan Repayment		Description 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 Stephanie Elad		Office sought FISD Board of Trustees, Place 3	Office held FISD Board of Trustees, Place 3

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Stephanie Elad	3 Filer ID (Ethics Commission Filers)
4 Date 06/29/2022	5 Payee name Stephanie Elad	
6 Amount (\$) 1,017.38	7 Payee address: 15251 Camden Lane	City: Frisco State: TX Zip Code: 75035
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Repay candidate for expenditures made from person funds in prior period	(b) Description Various items reported on Schedule G for period ended 03/28/22.
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Stephanie Elad	Office sought: Fisd Board of Trustees, Place 3 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:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED