

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>22 20</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>Mrs.</b>	FIRST <b>Elisa</b>	MI <b>MI</b>
	NICKNAME	LAST <b>Klein</b>	SUFFIX
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>██████████ Plano TX 75023</b>		
	<b>OFFICE USE ONLY</b>		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	██████████		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>Mrs.</b>	FIRST <b>Jenna</b>	MI <b>MI</b>
	NICKNAME	LAST <b>Maynard</b>	SUFFIX
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>3948 Legacy Drive, Ste. 106-353 Plano TX 75023</b>		
	AREA CODE	PHONE NUMBER	EXTENSION
<b>8 CAMPAIGN TREASURER PHONE</b>	<b>( 469 ) 585-6444</b>		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month	Day	Year
	<b>01</b>	<b>01</b>	<b>2025</b>
	THROUGH		Month
			<b>03</b>
		Day	Year
		<b>24</b>	<b>2025</b>
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	<b>05</b>	<b>03</b>	<b>2025</b>
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b>
			<b>Plano ISD Board of Trustees Place 6</b>
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
<input checked="" type="checkbox"/> GENERAL	<b>Keep Plano #1</b>		
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
	<b>2701 W. 15th St. #214 Plano TX 75075</b>		
	COMMITTEE CAMPAIGN TREASURER NAME		
	<b>Steve Lavine</b>		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	<b>2701 W. 15th St. #214 Plano TX 75075</b>		

RECEIVED

  
 4/3/25  
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**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

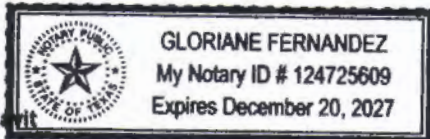
<b>15 C/OH NAME</b> Elisa Klein		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,374.84
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,060.98
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,313.86
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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.

*Elisa Klein*

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Elisa Klein this the 3rd day of April, 2025, to certify which, witness my hand and seal of office.

Gloriane Fernandez Signature of officer administering oath  
Gloriane Fernandez Printed name of officer administering oath  
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b>  Elisa Klein		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,415.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,959.84
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,060.98
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: 12
2 FILER NAME Elisa Klein		3 Filer ID (Ethics Commission Filers)
4 Date 1/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Klein ..... 6 Contributor address; City; State; Zip Code 3413 Leigh Court Plano, TX 75025	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kecia Gray ..... Contributor address; City; State; Zip Code 2701 Winding Hollow Ln Plano, TX 75093	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebecca Anderson ..... Contributor address; City; State; Zip Code 2720 Cascade Plano, TX 75025	Amount of contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelsey Plichta ..... Contributor address; City; State; Zip Code 5925 Pebblestone Ln Plano, TX 75093	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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2 FILER NAME Elisa Klein		3 Filer ID (Ethics Commission Filers)
4 Date 1/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iro Omere	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 1201 Legacy Drive Plano, TX 75023		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JILLIAN KEITH	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5208 Corinthian Bay Drive Plano, TX 75093		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Holmer	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 5016 Crooked Ln. Plano, TX 75023		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeremy Matthews	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3917 Montrose Drive Plano, TX 75025		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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2 FILER NAME Elisa Klein		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M Brett Cooper 6 Contributor address; City; State; Zip Code 3401 Parkhaven Drive Plano, TX 75075	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heidi Cook Contributor address; City; State; Zip Code 3509 Dumond Place Plano, TX 75025	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Solis Contributor address; City; State; Zip Code 3800 Pebble Creek Ct. Apt. 129 Plano, TX 75023	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren Doherty Contributor address; City; State; Zip Code 713 Longwood Drive Allen, TX 75013	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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2 FILER NAME Elisa Klein		3 Filer ID (Ethics Commission Filers)
4 Date 2/6/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penny Robe ..... 6 Contributor address; City; State; Zip Code 7017 Carta Valley Drive Plano, TX 75024	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laurie Williamson ..... Contributor address; City; State; Zip Code 3221 Monette Lane Plano, 75025	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/5/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Worley ..... Contributor address; City; State; Zip Code 2580 fm 3297 Ector, TX 75439	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Al Ely ..... Contributor address; City; State; Zip Code 5904 Kensington Drive Plano, 75093	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Elisa Klein		3 Filer ID (Ethics Commission Filers)
4 Date 2/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawna Hubert 6 Contributor address; City; State; Zip Code 400 Shiloh Drive Allen, TX 75002	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kecia Gray Contributor address; City; State; Zip Code 2701 Winding Hollow Ln Plano, TX 75093	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirza Thomas Contributor address; City; State; Zip Code 2200 London Dr Plano, TX 75025	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anand Kamath Contributor address; City; State; Zip Code 15193 Salano Creek Drive Frisco, TX 75035	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Elisa Klein		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob & Christine Kehr <hr/> 6 Contributor address; City; State; Zip Code 4417 Hawkhurst Drive Plano, TX 75024	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heidi Cook <hr/> Contributor address; City; State; Zip Code 3509 Dumond Place Plano, TX 75025	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Phariss <hr/> Contributor address; City; State; Zip Code 3400 WESTOVER DR PLANO, TX 75093-7991	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M Brett Cooper <hr/> Contributor address; City; State; Zip Code 3401 Parkhaven Drive Plano, TX 75075	Amount of contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Elisa Klein		3 Filer ID (Ethics Commission Filers)
4 Date 2/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carole Greisdorf ----- 6 Contributor address; City; State; Zip Code 4820 Ridgedale Drive Plano, TX 75024	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaci Lahpor ----- Contributor address; City; State; Zip Code 1920 Carmel Drive Plano, TX 75075	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana Charbonneau ----- Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarmila Bose ----- Contributor address; City; State; Zip Code 6509 Hidden Creek Ct Plano, TX 75024	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# SCHEDULE A1

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2 FILER NAME Elisa Klein		3 Filer ID (Ethics Commission Filers)
4 Date 2/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judith Shure <hr/> 6 Contributor address; City; State; Zip Code 4501 Pomona Road Dallas, 75209	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendra Ramick <hr/> Contributor address; City; State; Zip Code 3925 Sagamore Hill Court Plano, TX 75025	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelsey Plichta <hr/> Contributor address; City; State; Zip Code 5925 Pebblestone Ln Plano, TX 75093	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Reder <hr/> Contributor address; City; State; Zip Code 1036 Sunswept Terrace Plano, TX 75075	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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2 FILER NAME Elisa Klein		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Milkes ..... 6 Contributor address; City; State; Zip Code 7201 Royal Crest Lane PLANO, TX 75025	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy Gosewehr ..... Contributor address; City; State; Zip Code 1913 Belgium Drive Plano, TX 75025	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/5/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Worley ..... Contributor address; City; State; Zip Code 2580 fm 3297 Ector, TX 75439	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francisco Hernandez ..... Contributor address; City; State; Zip Code 7832 Clark Springs Drive Plano, TX 75025	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Elisa Klein		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeri Chambers 6 Contributor address; City; State; Zip Code 5308 BAROUCHE CT PLANO, TX 75023	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/2/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NICOLE MATTINGLY Contributor address; City; State; Zip Code 7601 Capella Ct Plano, TX 75025	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/6/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirza Thomas Contributor address; City; State; Zip Code 2200 London Dr Plano, TX 75025	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dana Huffman Contributor address; City; State; Zip Code	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Elisa Klein		3 Filer ID (Ethics Commission Filers)
4 Date 3/2/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jean Brown <hr/> 6 Contributor address; City; State; Zip Code 6417 Avalon Woods Drive McKinney, 75072	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon Maxey <hr/> Contributor address; City; State; Zip Code 5633 Tribune Way Plano, 75094	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Phariss <hr/> Contributor address; City; State; Zip Code 3400 WESTOVER DR PLANO, TX 75093-7991	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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4 Date 3/2/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Landon	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Plano, TX 75025		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lia Connors	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 6704 Spokane Pl. Plano, TX 75023		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/9/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana Charbonneau	Amount of contribution (\$) \$100.00
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)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# 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>2</b>	
2 FILER NAME <b>Elisa Klein</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>02/28/25</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rocio Gosewehr</b>	8 Amount of Contribution \$ <b>\$1,445</b>	9 In-kind contribution description <b>In-Kind Donation for Chef Brian Services Campaign Kickoff</b>
7 Contributor address; City; State; Zip Code <b>2120 Brugge Ct. Plano TX 75025</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Attorney</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>Rocio at Law</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 <b>02/28/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rocio Gosewehr</b>	Amount of Contribution \$ <b>\$350</b>	In-kind contribution description <b>In-Kind Donation for ArtCentre of Plano Campaign Kickoff</b>
Contributor address; City; State; Zip Code <b>2120 Brugge Ct. Plano TX 75025</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Attorney</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>Rocio at Law</b>	
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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# 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>2</b>	
2 FILER NAME <b>Elisa Klein</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>03/07/25</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael Casavant</b>	8 Amount of Contribution \$ <b>\$530</b>	9 In-kind contribution description <b>In-Kind Donation for VAN Access</b>
7 Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Product Manager</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>JP Morgan Chase</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 <b>3/24/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Keep Plano #1</b>	Amount of Contribution \$ <b>\$634.84</b>	In-kind contribution description <b>Sign braces</b>
Contributor address; City; State; Zip Code <b>2701 W. 15th St. #214 Plano TX 75075</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME Elisa Klein	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 02/14/2025	<b>5</b> Payee name Ribbit Multimedia Inc.
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<b>6</b> Amount (\$) \$325.75	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description Logo Designs
	<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
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Date 03/17/2025	Payee name Thomas Buck Studio Graphic Design
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Amount (\$) \$340	Payee address; 10606 Wyatt Street City; State; Zip Code Dallas TX 75218
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Literature Design for pushcards
	<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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Date 02/10/2025	Payee name Executive Press
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Amount (\$) \$608.32	Payee address; 1400 Presidential Dr. #110 Richardson, TX 75081 City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign T-shirts and tote bags
	<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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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: <b>3</b>	2 FILER NAME <b>Elisa Klein</b>	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name <b>Executive Press</b>
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6 Amount (\$) <b>\$1,336.89</b>	7 Payee address; City; State; Zip Code <b>1400 Presidential Dr. #110 Richardson, TX 75081</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing</b>	(b) Description <b>Yard signs and car magnets</b>
	(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	Office sought	Office held
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Date <b>03/13/2025</b>	Payee name <b>Executive Press</b>
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Amount (\$) <b>\$622.44</b>	Payee address; City; State; Zip Code <b>1400 Presidential Dr. #110 Richardson, TX 75081</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing</b>	Description <b>Yard signs</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
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Date <b>03/10/2025</b>	Payee name <b>Executive Press</b>
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Amount (\$) <b>\$284.13</b>	Payee address; City; State; Zip Code <b>1400 Presidential Dr. #110 Richardson, TX 75081</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing</b>	Description <b>push cards</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
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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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Elisa Klein</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>03/17/2025</b>	<b>5</b> Payee name <b>Executive Press</b>
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<b>6</b> Amount (\$) <b>\$195.80</b>	<b>7</b> Payee address; City; State; Zip Code <b>1400 Presidential Dr. #110 Richardson, TX 75081</b>
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing</b>	<b>(b)</b> Description <b>Postcards</b>
	<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
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Date <b>3/24/2025</b>	Payee name <b>Donorbox</b>
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Amount (\$) <b>\$347.65</b>	Payee address; City; State; Zip Code <b>1520 Belle View Blvd #4106 Alexandria, VA 22307</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Stipe transaction fee</b>
	<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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<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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