

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 <u>MRS</u> / MR FIRST <u>Christina</u> MI <u>C</u>	OFFICE USE ONLY	
	NICKNAME <u>Christy</u> LAST <u>Stacy</u> SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <u>1218 Whispering Ln. Southlake, TX 76092</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 991-5987</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST <u>John</u> MI <u>T</u>	Date Received	
	NICKNAME LAST SUFFIX <u>Tate</u>		
Date Hand-delivered or Date Postmarked		Receipt # Amount \$	
Date Processed		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE <u>1219 Whispering Ln. Southlake, TX 76092</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 235-6944</u>		
9 REPORT TYPE	<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	Month Day Year Month Day Year <u>1 / 25 / 2023</u> THROUGH <u>6 / 30 / 2023</u>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>5 / 6 / 23</u> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>CISD School Board, Place 1</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <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.		
<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE		
	COMMITTEE NAME <u>Southlake Families PAC</u>		
	COMMITTEE ADDRESS <u>401 N Carroll Ave. Box 103 Southlake, TX 76092</u>		
	COMMITTEE CAMPAIGN TREASURER NAME <u>Cate, Zachary</u>		
COMMITTEE CAMPAIGN TREASURER ADDRESS <u>401 N Carroll Ave. Box 103 Southlake, TX 76092</u>			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Christina C Stacy</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>17980.68</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4184.63</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>9841.31</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1500.00</u>

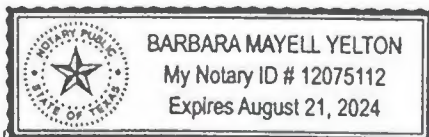
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code.

Christina C Stacy

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by CHRISTINA C. STACY this the 17th day of JULY.

20 23, to certify which, witness my hand and seal of office.

Barbara Mayell Yelton BARBARA MAYELL YELTON Notary Public
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 <i>Stacy, Christina C</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12350. ⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5630. ⁶³
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1500. ⁰⁰
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4184. ⁴³
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 175. ⁹⁴
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:
2 FILER NAME Stacy, Christina C		3 Filer ID (Ethics Commission Filers)
4 Date 2/8/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Butcher, Adam	7 Amount of contribution (\$) 1000.00
6 Contributor address: City: State: Zip Code 129 Welford Ln Southlake, TX 74092		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jayson, Jacqueline	Amount of contribution (\$) 1500.00
Contributor address: City: State: Zip Code 1025 Hatch Ct Southlake, TX 74092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bass, Kristy	Amount of contribution (\$) 1250.00
Contributor address: City: State: Zip Code 217 Stockton Dr. Southlake, TX 74092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lies, Douglas	Amount of contribution (\$) 1250.00
Contributor address: City: State: Zip Code 307 Foxborough Ln. Southlake, TX 74092		
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

Stacy, Christina C.

3 Filer ID (Ethics Commission Filers)

4 Date

2/3/23

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Smith, Hannah

7 Amount of contribution (\$)

\$250.00

6 Contributor address:

City:

State:

Zip Code

201 Beaver Creek Ct. Southlake, TX 76092

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/3/23

Full name of contributor

☐ out-of-state PAC (ID# _____)

Johnsen, Christine

Amount of contribution (\$)

\$100.00

Contributor address:

City:

State:

Zip Code

285 W Chapel Downs Dr. Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/8/23

Full name of contributor

☐ out-of-state PAC (ID# _____)

Jamison, Mary

Amount of contribution (\$)

\$150.00

Contributor address:

City:

State:

Zip Code

1305 Stone Lakes Dr. Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/3/23

Full name of contributor

☐ out-of-state PAC (ID# _____)

Walker, Leslie

Amount of contribution (\$)

\$100.00

Contributor address:

City:

State:

Zip Code

1403 Brighton Ct. Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 Stacy, Christina C		3 Filer ID (Ethics Commission Filers)
4 Date 2/8/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mendivil, Julie 6 Contributor address: City: State: Zip Code 2717 York Ct. Southlake, TX 76092	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stacy, Jenny Contributor address: City: State: Zip Code 640 Fairway View Terrace. Southlake, TX 76092	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Reop, Bryanna Contributor address: City: State: Zip Code 2140 E Southlake Blvd. # L673 Southlake, TX 76092	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: McGuire, Kelly Contributor address: City: State: Zip Code 2494 Punchurst Dr. Grapevine, TX 76051	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME <i>Stacy, Christina C</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/8/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Roberson, Tandy</i>	7 Amount of contribution (\$) <i>\$250.00</i>
6 Contributor address: City: State: Zip Code <i>302 Foxborough Ln. Southlake, TX 76092</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/8/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Stewart, Stephanie</i>	Amount of contribution (\$) <i>\$50.00</i>
Contributor address: City: State: Zip Code <i>1210 ashmore Ct. Southlake, TX 76092</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/8/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Ryke, Trish</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address: City: State: Zip Code <i>1445 Randol Mill Ave. Southlake, TX 76092</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/8/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bottom, Renee</i>	Amount of contribution (\$) <i>\$1000.00</i>
Contributor address: City: State: Zip Code <i>1002 Pine meadow Ct. Southlake, TX 76092</i>		
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 <i>Stacy, Christina C</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/8/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>merkord, natalie</i> 6 Contributor address: City: State: Zip Code <i>1075 Oasis Ct. Southlake, TX 76092</i>	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/8/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Wambsganss, Leigh</i> Contributor address: City: State: Zip Code <i>PO Box 94017 Southlake, TX 76092</i>	Amount of contribution (\$) <i>\$1000.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/8/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>McDermott, michelle</i> Contributor address: City: State: Zip Code <i>812 Lexington Terrace. Southlake, TX 76092</i>	Amount of contribution (\$) <i>\$250.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/8/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bruner, Ethan</i> Contributor address: City: State: Zip Code <i>1599 Flamingo Circle. Southlake, TX 76092</i>	Amount of contribution (\$) <i>\$50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Stacy, Christina C</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/8/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Rotramel, John</i> 6 Contributor address: City: State: Zip Code <i>312 mesquite ct. Plano, TX 75094</i>	7 Amount of contribution (\$) <i>\$100.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/9/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lavalley, Valerie</i> Contributor address: City: State: Zip Code <i>1201 Oakhurst Ct. Southlake, TX 76092</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/10/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mirza, Ali</i> Contributor address: City: State: Zip Code <i>104 Yale Ct. Southlake, TX 76092</i>	Amount of contribution (\$) <i>\$500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/10/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Tate, Tyler</i> Contributor address: City: State: Zip Code <i>1219 Whispering Ln. Southlake, TX 76092</i>	Amount of contribution (\$) <i>\$500.00</i>
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 <u>Stacy, Christina C.</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/10/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Fisher, Katherine</u> 6 Contributor address: _____ City: _____ State: _____ Zip Code _____ <u>711 Love Henry Ct. Southlake, TX 76092</u>	7 Amount of contribution (\$) <u>\$50.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2/10/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Stacy, Ron</u> Contributor address: _____ City: _____ State: _____ Zip Code _____ <u>2150 W HW. Hwy Grapevine, TX 76051</u>	Amount of contribution (\$) <u>\$500.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/11/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Spickler, Esther</u> Contributor address: _____ City: _____ State: _____ Zip Code _____ <u>1950 Shady Oaks Dr. Southlake, TX 76092</u>	Amount of contribution (\$) <u>\$100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2/11/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Heldorn, Patricia</u> Contributor address: _____ City: _____ State: _____ Zip Code _____ <u>606 Logans Ln. Southlake, TX 76092</u>	Amount of contribution (\$) <u>\$200.00</u>
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 <i>Stacy, Christina C</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/11/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Salomone, Nick</i> 6 Contributor address: City: State: Zip Code <i>3225 Wilbarger Trail. Southlake, TX 76092</i>	7 Amount of contribution (\$) <i>\$500.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/11/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tate, John M</i> Contributor address: City: State: Zip Code <i>3101 E State Hwy 114 Southlake, TX 76092</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/12/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Giles, Emily</i> Contributor address: City: State: Zip Code <i>1210 whispering Ln Southlake, TX 76092</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/13/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rhoades, Theresa</i> Contributor address: City: State: Zip Code <i>500 morningside Dr. Southlake, TX 76092</i>	Amount of contribution (\$) <i>\$200.00</i>
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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2 FILER NAME Stacy, Christina C		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murningham, Erin	7 Amount of contribution (\$) \$50.00
6 Contributor address: City: State: Zip Code 723 Wyndors Creek Dr. Southlake, TX 76092		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Heitz, Vicki	Amount of contribution (\$) \$500.00
Contributor address: City: State: Zip Code 150 Wildwood Ln. Southlake, TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Frederick, Linda	Amount of contribution (\$) \$100.00
Contributor address: City: State: Zip Code 1345 Woodbrook Ct. Southlake, TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Reed, Mercedes	Amount of contribution (\$) \$100.00
Contributor address: City: State: Zip Code 1202 Sabine Ct. Southlake, TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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

Stacy, Christina C

3 Filer ID (Ethics Commission Filers)

4 Date

2/14/23

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Sellers, Kevin

7 Amount of contribution (\$)

\$50.00

6 Contributor address:

City:

State:

Zip Code

2104 Idlawood Dr. Grapevine, TX 76051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/15/23

Full name of contributor

☐ out-of-state PAC (ID# _____)

Hughes, Kristen

Amount of contribution (\$)

\$350.00

Contributor address:

City:

State:

Zip Code

2407 Emerald Circle, Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/15/23

Full name of contributor

☐ out-of-state PAC (ID# _____)

Minor, Stephenie

Amount of contribution (\$)

\$50.00

Contributor address:

City:

State:

Zip Code

1221 Whispering Ln. Southlake, TX 76092

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/16/23

Full name of contributor

☐ out-of-state PAC (ID# _____)

Gossage, Lauryn

Amount of contribution (\$)

\$100.00

Contributor address:

City:

State:

Zip Code

2739 Punchurst Dr. Grapevine, TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 <div style="font-size: 1.2em; margin-left: 20px;">Stacy, Christina C.</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em; margin-left: 10px;">2/16/23</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em; margin-left: 10px;">McCure, Melissa</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em; margin-left: 20px;">\$ 50.00</div>
6 Contributor address: City: State: Zip Code <div style="font-size: 1.2em; margin-left: 10px;">1400 New Castle Rd. Southlake, TX 76092</div>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <div style="font-size: 1.2em; margin-left: 10px;">2/17/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em; margin-left: 10px;">Paschke, Chuck</div>	Amount of contribution (\$) <div style="font-size: 1.2em; margin-left: 20px;">\$ 500.00</div>
Contributor address: City: State: Zip Code <div style="font-size: 1.2em; margin-left: 10px;">1102 Wyndor Creek Ct. Southlake, TX 76092</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="font-size: 1.2em; margin-left: 10px;">2/17/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em; margin-left: 10px;">McCurry, Ashley</div>	Amount of contribution (\$) <div style="font-size: 1.2em; margin-left: 20px;">\$ 500.00</div>
Contributor address: City: State: Zip Code <div style="font-size: 1.2em; margin-left: 10px;">2010 E Highland St. Southlake, TX 76092</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="font-size: 1.2em; margin-left: 10px;">2/17/23</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em; margin-left: 10px;">Anderson, Katy</div>	Amount of contribution (\$) <div style="font-size: 1.2em; margin-left: 20px;">\$ 50.00</div>
Contributor address: City: State: Zip Code <div style="font-size: 1.2em; margin-left: 10px;">1860 Hunters Creek Dr. Southlake, TX 76092</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>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:
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">Stacy, Christina C.</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em; font-family: cursive;">2/17/23</div>	<div>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)</div> <div style="font-size: 1.2em; font-family: cursive;">Cate, Zachary</div> <div>6 Contributor address: City: State: Zip Code</div> <div style="font-size: 1.2em; font-family: cursive;">1008 Aspen Ridge Dr. Southlake, TX 76092</div>	<div>7 Amount of contribution (\$)</div> <div style="font-size: 1.2em; font-family: cursive;">\$ 100.00</div>
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 (\$)
<div style="font-size: 1.2em; font-family: cursive;">2/17/23</div>	<div style="font-size: 1.2em; font-family: cursive;">Mairs, Erin</div> <div>Contributor address: City: State: Zip Code</div> <div style="font-size: 1.2em; font-family: cursive;">3521 Matador Ranch Rd. Southlake, TX 76092</div>	<div style="font-size: 1.2em; font-family: cursive;">\$ 200.00</div>
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 (\$)
<div style="font-size: 1.2em; font-family: cursive;">2/18/23</div>	<div style="font-size: 1.2em; font-family: cursive;">Alford, Carl</div> <div>Contributor address: City: State: Zip Code</div> <div style="font-size: 1.2em; font-family: cursive;">PO Box 92517 Southlake, TX 76092</div>	<div style="font-size: 1.2em; font-family: cursive;">\$ 250.00</div>
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 (\$)
<div style="font-size: 1.2em; font-family: cursive;">2/16/23</div>	<div style="font-size: 1.2em; font-family: cursive;">Caperton, Candice</div> <div>Contributor address: City: State: Zip Code</div> <div style="font-size: 1.2em; font-family: cursive;">1204 Whispering Ln Southlake, TX 76092</div>	<div style="font-size: 1.2em; font-family: cursive;">\$ 100.00</div>
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 <div style="font-size: 1.2em; margin-top: 10px;">Stacy, Christina C</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em; margin-top: 10px;">2/10/23</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em; margin-top: 10px;">Butcher, John</div> <div style="margin-top: 5px;">6 Contributor address: City: State: Zip Code 1200 Park Ln. Arlington, TX 76012</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em; margin-top: 10px;">\$ 250.00</div>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="margin-top: 5px;">Contributor address: City: State: Zip Code</div>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="margin-top: 5px;">Contributor address: City: State: Zip Code</div>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="margin-top: 5px;">Contributor address: City: State: Zip Code</div>	Amount of contribution (\$)
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:	
2 FILER NAME <i>Stacy, Christina C</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>4/16/23</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Campanella, Lisa</i>	8 Amount of Contribution \$ <i>\$165.34</i>	9 In-kind contribution description <i>Food & Beverage for meet 'greet</i>
7 Contributor address; City: State: Zip Code <i>201 Manor Pl. Southlake, TX 76092</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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 <i>4/16/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Walker, Leslie</i>	Amount of Contribution \$ <i>\$165.34</i>	In-kind contribution description <i>Food & Beverage for meet 'greet</i>
Contributor address; City: State: Zip Code <i>1403 Brighton Ct. Southlake, TX 76092</i>		<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)			
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:	
2 FILER NAME Stacy, Christina C		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 2/25/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Tim	8 Amount of Contribution \$ \$100.00	9 In-kind contribution description Food, Beverages, Decor for Kickoff event
7 Contributor address; City: State: Zip Code 140 Green Oaks Ln Southlake, TX 76092		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
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 2/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffman, John	Amount of Contribution \$ \$100.00	In-kind contribution description Food, Beverages, Decor for Kickoff event
Contributor address; City: State: Zip Code 1991 E Highland St. Southlake, TX 76092		<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)			

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:	
2 FILER NAME Stacy, Christine C				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 2/25/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas, John		8 Amount of Contribution \$ 200.00		9 In-kind contribution description Food, Beverage, Decor for Kickoff event
7 Contributor address; City; State; Zip Code 2113 Vail Rd Southlake, TX 76092			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			11 Employer (FOR NON-JUDICIAL) (See Instructions)		
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 2/20/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Del. Calvo, Leo		Amount of Contribution \$ 2200.00		In-kind contribution description campaign t-shirts
Contributor address; City; State; Zip Code 625 New Orleans Dr Southlake, TX 76092			<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)					
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2:	
2 FILER NAME <i>Stacy, Christina C</i>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date <i>2/25/23</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Taggart, Chuck</i>			8 Amount of Contribution \$ <i>\$100.00</i>	9 In-kind contribution description
7 Contributor address; City; State; Zip Code <i>700 S White Chapel Blvd - Southlake, TX 76092</i>				<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			11 Employer (FOR NON-JUDICIAL) (See Instructions)		
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#:	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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)			

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:	
2 FILER NAME <i>Stacy, Christina C</i>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date <i>2/25/23</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Bryan, Cameron</i>		8 Amount of Contribution \$ <i>\$100.00</i>	9 In-kind contribution description <i>Food, Beverages, Decor for Kickoff event</i>	
7 Contributor address: City: State: Zip Code <i>970 Ownby Ln. Southlake, TX 76092</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			11 Employer (FOR NON-JUDICIAL) (See Instructions)		
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 <i>2/25/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Butcher, Adam</i>		Amount of Contribution \$ <i>\$2500.00</i>	In-kind contribution description <i>Food, Beverage, Decor for Kickoff event</i>	
Contributor address: City: State: Zip Code <i>129 Welford Ln. Southlake, TX 76092</i>		<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)					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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 B:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES				\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)			8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address: City: State: Zip Code				
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)			Amount of Pledge \$	In-kind contribution description
	Pledgor address: City: State: Zip Code				
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)			Amount of Pledge \$	In-kind contribution description
	Pledgor address: City: State: Zip Code				
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)			Amount of Pledge \$	In-kind contribution description
	Pledgor address: City: State: Zip Code				
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)			Amount of Pledge \$	In-kind contribution description
	Pledgor address: City: State: Zip Code				
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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.					

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:	
2 FILER NAME <i>Stacy, Christina C</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$	
5 Date of loan <i>1/27/23</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stacy, Christina C</i>	9 Loan Amount (\$) <i>1500.00</i>	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code <i>1218 Whispering Ln. Southlake, TX 76092</i>	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) <i>Business Owner</i>		13 Employer (See Instructions) <i>Thrice 17, Inc</i>	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> 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 <i>1/27/23</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stacy, Christina C</i>	Loan Amount (\$)
Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
	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
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.

1 Total pages Schedule F1:		2 FILER NAME <i>Stacy, Christina</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/30/23</i>		5 Payee name <i>Edgerton Strategies, LLC</i>			
6 Amount (\$) <i>500.00</i>		7 Payee address; <i>1540 Keller Pkwy #108-402</i>		City; <i>Keller, TX</i>	State; <i>TX</i>
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>consulting expense</i>		(b) Description <i>monthly retainer</i>	
		(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		Office sought	Office held
Date <i>2/3/23</i>		Payee name <i>Web Dotster</i>			
Amount (\$) <i>19.57</i>		Payee address; <i>5335 Gate Pkwy</i>		City; <i>Jacksonville,</i>	State; <i>FL</i>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>advertising expense</i>		Description <i>domain name</i>	
		<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 <i>2/3/23</i>		Payee name <i>Web Dotster</i>			
Amount (\$) <i>38.38</i>		Payee address; <i>5335 Gate Pkwy</i>		City; <i>Jacksonville</i>	State; <i>FL</i>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>advertising expense</i>		Description <i>domain name</i>	
		<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

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
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.

1 Total pages Schedule F1:	2 FILER NAME <i>Stacy, Christina C</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/10/23</i>	5 Payee name <i>wix.com LTD</i>	
6 Amount (\$) <i>32.47</i>	7 Payee address; <i>40 Namal</i>	City; State; Zip Code <i>Tel Aviv Israel 6350671</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	(b) Description <i>business email</i>
	(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	Office sought Office held
Date <i>2/10/23</i>	Payee name <i>wix.com LTD</i>	
Amount (\$) <i>142.89</i>	Payee address; <i>40 Namal</i>	City; State; Zip Code <i>Tel Aviv Israel 6350671</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <i>premium plan unlimited</i>
	<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 <i>2/14/23</i>	Payee name <i>Edgerton Strategy, LLC</i>	
Amount (\$) <i>1000.00</i>	Payee address; <i>1540 Keller Pkwy #108-402</i>	City; State; Zip Code <i>Keller TX 76248</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <i>website development package web branding package</i>
	<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

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
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.

1 Total pages Schedule F1:		2 FILER NAME <i>Stacy, Christina C</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/13/23</i>		5 Payee name <i>Edgerton Strategies, LLC</i>			
6 Amount (\$) <i>\$500.00</i>		7 Payee address: <i>1540 Keller Pkwy #108-402</i>		City: <i>Keller</i>	State: <i>TX</i>
				Zip Code <i>76248</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>		(b) Description <i>digital media</i>		
	(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					
Date <i>2/23/23</i>		Payee name <i>Edgerton Strategies, LLC</i>			
Amount (\$) <i>\$500.00</i>		Payee address: <i>1540 Keller Pkwy #108-402</i>		City: <i>Keller</i>	State: <i>TX</i>
				Zip Code <i>76248</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting expense</i>		Description <i>monthly retainer</i>		
	<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					
Date <i>2/21/23</i>		Payee name <i>Fredshots, LLC</i>			
Amount (\$) <i>405.94</i>		Payee address: <i>7701 Pleasant Valley Trl.</i>		City: <i>McKinney</i>	State: <i>TX</i>
				Zip Code <i>75070</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>		Description <i>website, photos for digital media ads, print push cards, banners, business cards</i>		
	<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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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.

1 Total pages Schedule F1:		2 FILER NAME Stacy, Christina C		3 Filer ID (Ethics Commission Filers)	
4 Date 2/27/23		5 Payee name metro mailer			
6 Amount (\$) 343.15		7 Payee address: City: State: Zip Code 5719 E Rosedale St. Suite 809 Ft. Worth, TX 76112			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing advertising expense		(b) Description push cards and business cards, vinyl banner		
	(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					
Date 3/1/23		Payee name Harland - Clark / Great Plains Bank			
Amount (\$) 32.19		Payee address: City: State: Zip Code PO Box 473 Hollis OK 73550			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) accounting / banking		Description checks		
	<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					
Date 2/23/23		Payee name Revv.co			
Amount (\$) 494.10		Payee address: City: State: Zip Code 1920 L Street NW Suite 325 Washington DC washington dc 20036			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description contributions credit card processing fees		
	<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					

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