CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS (MRS) MR FIRST	MI	OFFICE	USEONLY
NAME	NICKNAME LAST Christy Stacy	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / POBOX. APT / SUITE # (1218 Whispering Ln. Sou	Holake, TX 76092		
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (317) 991-5987	EXTENSION	Date Hand-delivered Receipt #	or Date Postmarked
6 CAMPAIGN TREASURER	MSIMRSIMR FIRST	MI	Date Processed	
NAME	NICKNAME LAST Tatc	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / S [2]9 Whispering Ln.	Southlake, TX 7609	STATE,	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHDNE NUMBER (317) 235-4944	EXTENSION		
9 REPORT TYPE	January 15 30th day before e		(Officeholde	ter campaign ppointment pr Only) rt (Attach C/OH - FR)
		Reporting Limit		
10 PERIOD COVERED	Month Day Year 1 / 25 / 2023	Month	Day Yea	023
11 ELECTION	ELECTION DATE Month Day Year Primary 5 / 1/2 / 23 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (1 KNOWN CISD School B!	oard, Plan	e 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI COMMITTEE TYPE COMMITTEE NAME SOUTMAKE FOR	S MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICENOI	LDER'S KNOWLEDGE OK
Additional Pages	GENERAL COMMITTEE ADDRESS	AUC. BOX 103 Southed	Ke, TX 76092	<u></u>
	Cate, Zacho committee campaign TR	EASURER ADDRESS		71 . 02
	TOIN Corroll	Are. Bux 103 Sout	Llake, TX	76092
	GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	hristina C Stacy	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)	\$ ()
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17980.68
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ ()
	4. TOTAL POLITICAL EXPENDITURES	\$ 4184.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ 9841.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	* THE \$ \$ 1500
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	als f	rt
	- Opintina C	slag
	Signature of Ca	ndidate or OfficeHolder
	Please complete either option below	1.
0		
(1) Affidavit	BARBARA MAYELL YELTON	
	My Notary ID # 12075112	
	Expires August 21, 2024	
NOTARY STAMP/SEA	C	th
Swom to and subscribed	before me by CHRISTINA C. JTACY this the	17 day of JULY
20 23 to certify	which, witness my hand and seal of office.	
Bubarn Ma	yell yelton BARBARA MAYELL YELTO	N Ylatan Public
Signature of officer administe		Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	and one date of black in	
	, and my date of birth is	
wy autress is	(street) (city) (s	tate) (zip code) (country)
Executed in	County, State of, on the day of	tate) (zip code) (country)
	county, state of, on the day of(month) (year)
	Signature of Candic	late/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Col	mmission Filers)
	Stacy, Christuna C		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 12350."
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 5630.63
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		S
4.	SCHEDULE E. LOANS		\$ 1500
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 4184.63
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		S
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	S
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		S
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ 175.94
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	S
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	S
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	S

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)
	 5 Full name of contributor □ out-of-state PAC (ID#) Butcher, Adam 6 Contributor address; City: State: Zip Code i29 Welford Ln So utflake, TX 74092 	7 Amount of contribution (S) $(000, \frac{39}{2})$
	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor [] out-of-state PAC (ID#) Jayson, Jacqueline	Amount of contribution (\$)
2/8/23	Jayson, Jacqueline Contributor address: City: State: Zip Code 1025 Hatch Ct Southlake, TX 78092	4500°
Principal occuj	pation / Job title (See Instructions) Employer (See Instruct	lions)
Date	Full name of contributor aut-of-state PAC (ID#)	Amount of contribution (S)
2/8/23	Bass, Kristy Contributor address: City. State: Zip Code 217 Stockton Dr. Southlake, TX 76092	1250
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	líons)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (S)
/8/23	Contributor address: City. State: Zip Code 307 Foxborough Ln. Southleke, TX 74092	*250.=
Principal occup	bation / Job title (See Instructions) Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	cy, Christina C.	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor [] out-of-state PAC (ID#	
Principal occi	upation / Job title (See Instructions) 9 Emp	loyer (See Instructions)
Date 2 / 3 / 2 3	Full name of contributor [] out-of-state PAC (ID# Johns en, Christine Contributor address: City: State; 285 W Choped Downs D. So thlack	Zip Code \$ 100, 20
Principal occu	pation / Job title (See Instructions) Emp	loyer (See Instructions)
Date	Full name of contributor [] out-of-state PAC (ID# Jami son, mary Contributor address; City; State; 1305 Store Lakes Dr. Sou theake,	zip Code * 150, -
Principal occu	pation / Job title (See Instructions) Emp	loyer (See Instructions)
Date 2/3/23	Full name of contributor [] out-of-state PAC (ID# Walker, Leslie Contributor address; City: State: 1403 Brighton Ct. Southlake,	Amount of contribution (\$) Zip Code ? 00 TX 7 2092
Principal occu		loyer (See Instructions)

Stacy, Christing C Date 5 Full name of contributor out-of-state PAC (DR 7 Amount of contribution (C $ 3/23 $ G contributor address; City: State: Zip Code ? 200** Principal occupation / Job tille (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (DR Amount of contribution (C Date Full name of contributor out-of-state PAC (DR Amount of contribution (C $/3/23 $ Contributor address; City: State: Zip Code * 250.** Principal occupation / Job tille (See Instructions) 9 Employer (See Instructions) Amount of contribution (C Date Full name of contributor out-of-state PAC (DR Tx 7 + 0.92 Principal occupation / Job tille (See Instructions) Employer (See Instructions) * 200.** Date Full name of contributor out-of-state PAC (DR Tx 7 + 0.92 Principal occupation / Job tille (See Instructions) Employer (See Instructions) * 100.** Date Full name of contributor out-of-state PAC (DR X 7 + 0.92 Principal occupation / Job title (See Instructions)<	Th	e Instruction Gulde explains how to complete this form.	1 Total pages Schedule A1:
$\frac{2}{9}/23 \qquad \begin{array}{c c c c c c c c c c c c c c c c c c c $	FILER NAM		3 Flier ID (Ethics Commission Filers)
a717 York Ct. Southlake, TX 72092 Principal occupation / Job title (See Instructions) Date Full name of contributor $2/3/23$ Contributor address: Contributor address: City: State: Zip Code 40 Fairway Tew Terrace. Southlake, TX 7692 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor City: $2/3/23$ Contributor address: City: Date Full name of contributor City: Date Full name of contributor City: Contributor address: City: State: 2/3/23 Contributor address: City: Contributor address: City: State: 2/3/23 Contributor address: City: State: Zip Code \$100.** 140 E Southlake Blsd. # Lig 73 Southlake Blsd. # Lig 73 Amount of contribution (Date Full name of contributor Contributor address: City: Date Full name of contributor Contributor is contributor Amount of c	Date	5 Full name of contributor [] out-of-state PAC (ID#)	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor □ eut-of-state PAC (ID#) Arrount of contribution (2/8/23		\$200
$\frac{\frac{3}{23}}{\frac{23}{23}} \xrightarrow{\text{Story}, \text{Jenny}}{\text{contributor address;}} \xrightarrow{\text{City;}}{\text{State; Zip Code}} \xrightarrow{\text{Story}, \text{Zood}}{\text{Story}, \text{Zood}} \xrightarrow{\text{Story}, \text{Zood}}{\text{Story}, \text{State;}} \xrightarrow{\text{Zip Code}}{\text{Story}, \text{Zood}} \xrightarrow{\text{Story}, \text{Zood}}{\text{Story}, \text{Story}, \text{Zood}} \xrightarrow{\text{Story}, \text{Zood}}{\text{Story}, \text{Zood}}{\text{Story}, \text{Zood}} \xrightarrow{\text{Story}, \text{Zood}}{\text{Story}, \text{Zood}} \xrightarrow{\text{Story}, \text{Zood}}{\text{Story}, \text{Zood}} \xrightarrow{\text{Zood}}{\text{Story}, \text{Zood}}{\text{Story}, \text{Zood}}{\text{Story}, \text{Zood}}{\text{Story}, \text{Zood}} \xrightarrow{\text{Zood}}{\text{Story}, \text{Zood}}{\text{Story}, \text{Zood}} \xrightarrow{\text{Zood}}{\text{Story}, \text{Zood}}{\text{Story}, \text{Zood}}{\text{Story}, \text{Zood}}{\text{Story}, \text{Zood}}{\text{Story}, Zo$	Principal occ		tions)
$\frac{1}{3/2.3} \xrightarrow{\text{Story}, \text{Jenny}}{\text{Contributor address;}} \xrightarrow{\text{City;}} \text{State: Zip Code} \xrightarrow{\$} 250.5}$ $\frac{1}{2} \xrightarrow{40} \text{Fair way Tiew Terrace} \xrightarrow{\text{Serthlake, Tx} 7 e 292}$ Principal occupation / Job title (See Instructions) $\frac{1}{2} \xrightarrow{3/2.3} \xrightarrow{\text{Full name of contributor}} \xrightarrow{\text{Out-of-state PAC (ID#)}} \xrightarrow{\text{Employer (See Instructions)}}$ $\frac{1}{2} \xrightarrow{3/2.3} \xrightarrow{\text{Contributor address;}} \xrightarrow{\text{City;}} \xrightarrow{\text{State; Zip Code}} \xrightarrow{\$} 100.5^{$			
440 Fairway Tiew Terrace. So theak, TX 7 e 0 92 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor \Box out-of-sisto PAC (ID#:) Amount of contribution ($2/3/23$ Contributor address: City: State: Zip Code \$100.** Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution ($2/3/23$ Full name of contributor \Box out-of-sisto PAC (ID#:) Amount of contribution (Principal occupation / Job title (See Instructions) Employer (See Instructions) # 100.** Date Full name of contributor \Box out-of-state PAC (ID#:) Amount of contribution (Date Full name of contributor \Box out-of-state PAC (ID#:) Amount of contribution ($2/3/23$ Contributor address; City: State: Zip Code # 150.**			Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor \Box out-of-sisto PAC (ID#) Amount of contribution ($2/3/23$ Contributor address: City: State: ZIp Code \$100.** $2/3/23$ Contributor address: City: State: ZIp Code \$100.** Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (Date Full name of contributor \Box out-of-state PAC (ID#:) Amount of contribution (Date Full name of contributor \Box out-of-state PAC (ID#:) Amount of contribution (Date Full name of contributor \Box out-of-state PAC (ID#:) Amount of contribution ($2/8/23$ Contributor address: City: State: Zip Code $3150.*^{\circ0}$	13/23	Story, Jenny Contributor address; City; State: Zip Code	\$250,=
Date Full name of contributor \Box out-of-state PAC (ID# Amount of contribution ($2/3/23$ Reop., Bryanna \$100.2 Contributor address: City: State: Zlp Code 2140 E Southlake Blud. # LU73 \$100.2 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor \Box out-of-state PAC (ID#: $2/3/23$ Contributor address: City: State: Zlp Code		440 Fairway Tiew Ferrace. Southlake, TX 7	e 0 9 2
$\frac{R_{00}p_{,}}{Contributor address:} \qquad City: \qquad State: Zlp Code \\ 2140 E Southlacke Blud. # L673 \\ Southlacke, TX 76092 \\ Principal occupation / Job title (See Instructions) \\ Date \\ Pull name of contributor 2/8/23 Contributor Kelly. \\ Contributor address: City: State: Zlp Code \\ *150, **$	Principal occu	pation / Job title (See Instructions) Employer (See Instruct	llons)
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor \bigcirc out-of-state PAC (ID#:) Amount of contribution (D_/8/23 Contributor address; City; State; Zlp Code 2 50, 60	2/3/23	Contributor address; City; State; Zlp Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor \Box out-of-state PAC (ID#:) Amount of contribution ($2/8/23$ Contributor address; City; State; Zlp Code \$150, 60		2140 E Southlake Blud. * L673 Southlake, TX 7409	2
-/8/23 Contributor address: City: State: ZIp Code \$150, ~	Principal occu		
2/8/23 Contributor address; City; State; ZIp Code	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	2/8/23	Contributor address; City; State; ZIp Code	* 150, 00
2494 Purchurst Dr. Southerte, TX 76051		2494 Punchurst Dr. Southerte, TX 76051	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	lions)

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SCHEDULE A1

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

	he Instruction Guide explains how to complete this form.	
FILER NAM	Stacy, Christina C	3 Filer ID (Ethics Commission Filers)
4 Date 2/3/23 8 Principal oc	 5 Full name of contributor □ out-of-state PAC (ID#) Roberson, Tandy 6 Contributor address: City: State: Zip Code 302 Foxborough Ln. Southlake, TX 72092 scupation / Job title (See Instructions) 9 Employer (See Instructions) 	
Date 2/3/23	Full name of contributor [] out-of-state PAC (ID#) Stewart, Stephanic Contributor address: City: State: Zip Code 1210 ashmore G. Southlake, TX 76092	Amount of contribution (S) 750 , $=$
Principal occ	cupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 2/8/23	Full name of contributor Dout-of-state PAC (ID#) Rylee, Trish Contributor address: City: State: ZIp Code 1225 Randol Mill Ave. Southeake, TX 7609	Amount of contribution (S) #100
Principal occ	cupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 2/3/23	Full name of contributor [] out-of-state PAC (ID#) Bottom, Renew Contributor address; City; State: ZIP Code 1002 Pine mcadew G. Southlake, TX 760	Amount of contribution (\$) f_{1000} , $-$
Principal occ	cupation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED

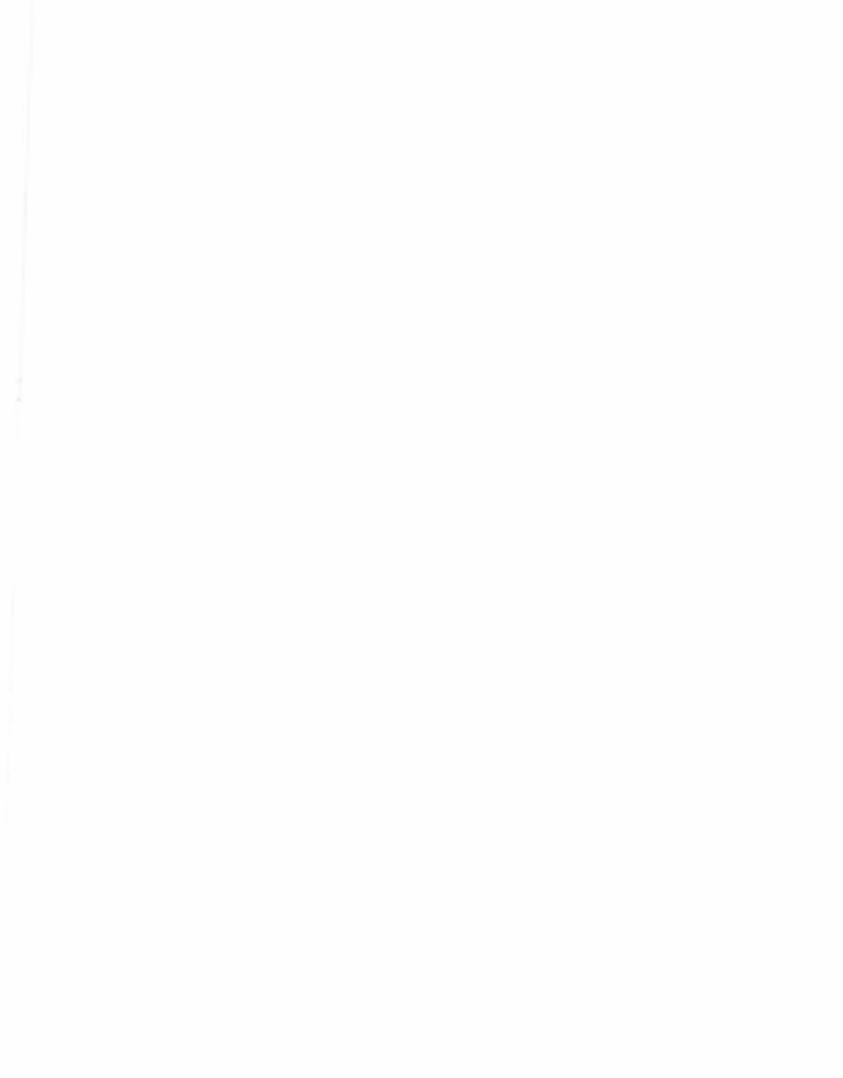
MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the reque	sted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Stacy, Christina C	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (S)
2/3/23	6 Contributor address; City: State: Zip Code	* 100 : -
	1075 Oasis Ct. Southlake, TX 76092	
8 Principal occu	apation / Job title (See Instructions) 9 Employer (See Instruct	lions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/8/23	Wambsganss, Leigh Contributor address: City: State: ZIp Code	\$ 1060 . ° <u>°</u>
	PO Box 94017 Southlake, TX 76092	
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
2/8/23	Contributor address: City: State; ZIp Code	\$250
	B12 Lexington Terrace. Southlake, TX 7400	12
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-stato PAC (ID#)	Amount of contribution (S)
2/8/23	Bruncr, Ethan Contributor address; City: State: Zlp Code	\$ 50.20
	1599 Flamingo Cirdo. Southeate, TX 76	092
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor Is out-of-state PAC, please see Instruction guide for additional r	

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)
	 5 Full name of contributor □ out-of-state PAC (ID#) Rotramel, John 6 Contributor address: City: State; Zip Code 312 mcsquite A. Plano, TX 75094 pation / Job title (See Instructions) 9 Employer (See Instruct 	7 Amount of contribution (\$) € 00 . —
Date 2 9 2 3	Full name of contributor Dout-of-state PAC (ID#) Lavalley, Valerie Contributor address: City: State: Zip Code 1201 Oakhurst Ct. Southlake, TX 76092	Amount of contribution (\$) (00.5)
Principal occup	bation / Job title (See Instructions) Employer (See Instruct	ions)
Date $2/10/23$	Full name of contributor Dout-of-state PAC (ID#:) Mirza, ali Contributor address: City: State: Zip Code 104 Yate Ct. Southlete, TX 76092	Amount of contribution (S) 4' 506 c^{-c}
Principal occup	bation / Job title (See Instructions) Employer (See Instruct	llons)
Date 2/16/23	Full name of contributor [] out-of-state PAC (ID#) Tate, Tyler Contributor address: City: State: Zip Code 1219 Whispering Lh. Southlake, TX 7409	Amount of contribution (\$) 500
Principal occup	bation / Job title (See Instructions) Employer (See Instruct	llons)

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Stacy, Christina C.	3 Filer ID (Ethics Commission Filers)
	 5 Full name of contributor □ out-of-state PAC (ID#) Fisher, Katherine 6 Contributor address; City: State: Zip Code 711 Lare Henry Ct. Southeak, TX 740 apation / Job title (See Instructions) 9 Employer (See Instruct 	12
Date 2/10/23	Full name of contributor I out-of-state PAC (ID#) Stacy Rom Contributor address; City: State; Zip Code	Amount of contribution (S) 5500.5^{20}
	2150 W NW. Hwy Graperine, TX 74051 pation / Job title (See Instructions) Employer (See Instruct	ions)
Date $2/11/23$	Full name of contributor Dout-of-state PAC (1D#) S.p.ickter., Esther Contributor address: Clty; State: Zip Code 1950 Shady Oaks Dr. Southlake, TX 76092	Amount of contribution (\$) (00)
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	lons)
Date _/11 / 2 3	Full name of contributor Dout-of-state PAC (ID#) Heldorn, Patricia Contributor address; City; State; Zip Code 404 Logans Ln. Southtake, TX 74092	Amount of contribution (S) $\hat{7} 200 \frac{10}{2}$
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	lons)



MONET	ARY POLITICAL CONTRIBUTIONS	
	sted 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 Flier ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
2/11/23	6 Contributor address: City: State: Zip Code	\$500.00
	3225 Wilbarger Trail. Southlake, TX 760	92
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Fuil name of contributor out-of-state PAC (ID#:)	Amount of contribution (S)
2/11/23	Tate, John M Contributor address: City: State: Zip Code	\$100
	3101 E State Huy 114 Southlake, TX 76092	
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	tions)
Date	Full name of contributor	Amount of contribution (S)
2/12/23	Giles, Emily contributor address; City: State: ZIP Code 1210 whispering Ln Southfake, TX 76092	\$ 00.00
	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (S)
2/13/23	Contributor address: City: State: ZIP Code	\$ 200
	500 morningside Dr. Southlake, TX 74092	
Principal occu	pation / Job title (See Instructions) Employer (See Instruct	lions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see instruction guide for additional r	

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:
FILER NAME	tacy, Christina C	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (S)
2/13/23	Murninghom, Erin 6 contributor address: City: State: Zip Code 723 wyndsor Creck Dr. Southlake, TX 72	*50.1
Principal occu	upation / Job title (See Instructions) 9 Employer (See Instruct	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2/13/23	Heitz, Vicki Contributor address: City: State: Zip Code 750 wild wood Ln. Southlake, TX 76092	\$ 500
	750 wild would Ln. Southlake, TX 76092 pation / Job title (See Instructions) Employer (See Instruct	tions)
Date	Full name of contributor	Amount of contribution (\$)
2/14/23	Ercderick, Linda Contributor address: City; State; Zip Code	\$100
Principal occu	1345 Wucdbrook Ct. Southlake, TX 7609 pation / Job title (See Instructions) Employer (See Instruct	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (S)
2/14/23	Contributor address; City; State; Zip Code	\$100
	1202 Sabine Ct. Southlete, TX 76092	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)

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:
FILER NAME	Stacy, Christina C	3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor Dout-of-state PAC (IDH Scllers, Kevin 6 Contributor address: City: 2104 Idlawood Dr. Grapevine apation / Job title (See Instructions) 9 Employer (See Instructions)	
Date $2 15 23$	Fuil name of contributor out-of-state PAC (ID# Hughes, Kristen Contributor address; City; State; Zlp Code	Amount of contribution (S)
	2407 Emerald Circle, Southlake, TX 760 Dation / Job title (See Instructions) Employer (See Instru	
	Full name of contributor [] out-of-state PAC (ID# Minor, Stephenia Contributor address: City: State: ZIp Code 1221 Whispering Ln. Southlake, TX 7600	± ± 50 . 50
	Dation / Job title (See Instructions) Employer (See Instru	
Date 2/16/23	Full name of contributor [] out-of-state PAC (ID#: G10.550.9e., Lawryn Contributor address; City: State: Zip Code 2739 Punchurst · Dr. Groperine, TX 7605)	Amount of contribution (\$)
Principal occup	bation / Job title (See Instructions) Employer (See Instru	uctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the reque	sted 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	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)
2/16/23	6 Contributor address: City: State: ZIp Code	€50. ²
	1400 New Castle Rd. Southlake, TX 74092	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Fuli name of contributor aut-of-state PAC (ID#)	Amount of contribution (S)
2/17/23	Pasch Ke., Chuck Contributor address: City: State: Zip Code	\$ 500 . "
,	1102 wyndsor creek ct. southlake, TX 760	92
Principal occup	bation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
2/17/23	Contributor address: City: State: ZIp Code	
	2010 E Highland St. Southlake, TX 7400	12
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-stete PAC (ID#)	Amount of contribution (\$)
2/17/23	Anderson, Katy contributor address: City: State: Zip Code 1860 Hunters Creek Dr. Southlake, TX 720	\$ 50."
1	1860 Hunters Creek Dr. Southloke, TX 720	92
	bation / Job title (See Instructions) Employer (See Instructions)	
		and a state of the second second second second
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

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:
FILER NAME	Stacy, christing C.	3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor I out-of-state PAC (ID#) C.a.f.c., Zachary 6 Contributor address: City: State: Zlp Code 1008 Aspon Southlake, TX 76092 pation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) 9 00 · ····
	Full name of contributor [] out-of-state PAC (ID#) Mairs, Erin Contributor address: City: State: ZIp Code 3521 Matadar Rarch Rd. Southlake, TX 760	Amount of contribution (S) $\hat{\gamma} = 200.$
	bation / Job title (See Instructions) Employer (See Instruct	
	Full name of contributor	Amount of contribution (S) 1250 - 2
Date 2/16/23	Full name of contributor [] out-of-stata PAC (ID#) Caperton, Conduce. Contributor address; City; State; Zlp Code 1204 Whisperung La Southlake, TX 76092	Amount of contribution (\$)
Principal occur	pation / Job title (See Instructions) Employer (See Instructions)	ilons)

SCHEDULE A1

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

The	e 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)
	5 Full name of contributor [] out-of-state PAC (ID#) Butcher, John 6 Contributor address: City: State: Zlp Code 1200 Park Ln. Arlington, TX 76012 Supation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) 7250.22
Date	Full name of contributor	Amount of contribution (S)
Principal occu	apation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Fult name of contributor inductor inductor of contributor i	Amount of contribution (S)
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (S)
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

FILER NAME	Stacy, Christing C		2 81. 15 15.	
	Stacy, Christina C			
TOTAL OF			3 Filer ID (Ethics Co	ommission Filers)
	UNITEMIZED IN-KIND POLITICAL CONTRIBU	TIONS	\$	
word	Full name of contributor out-of-state PAC (ID#:)	8 Amount of Contribution S	9 In-kind contribution description
/12/23 .(Companella, Lisa Contributor address; City: State: Zip	o Code	\$165.34	Food a Beverage
2	-01 Manor Pl. Southloke, TX-	16092	Check if travel outs	I de of Texas. Complete Schedule
Principal occup	ation / Job title (FOR NON-JUDICIAL) (See Instructions) 1	1 Employe	r (FOR NON-JUDICI	AL)(See Instructions)
Contributor's pr	Incipal occupation (FOR JUDICIAL) 1:	3 Contribu	tor's job title (FOR JL	JDICIAL) (See Instructions)
Contributor's er	nployer/law firm (FOR JUDICIAL)	5 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor Is	a child, law firm of parent(s) (If any) (FOR JUDICIAL)			
Date /14/23		p Code 76092		In-kind contribution description Food & Beverog for meet "gree de of Texas. Complete Schedule
Principal occup	103 Brighton (t. Southlake, TX ation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICI	AL)(See Instructions)
Contributor's pr	incipal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's er	nployer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	use (If any) (FOR JUDICIAL)
If contributor is	a chlid, law firm of parent(s) (if any) (FOR JUDICIAL)			

Pavicad 8/17/2020

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

т	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	dule A2:
² FILER NAME Stacy, Christina C		3 Filer ID (Ethics Commission Filers)		
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date $2 25 23$	140 Green Oaks Ln. Southlake, Ty	176092	Check If travel outs	Food, Beverages, Decor for Kickoff event side of Texas. Complete Schedule T.
10 Principal oco	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDIC	IAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JI	UDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law fim	n of contributor's spor	use (If any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	Full name of contributor out-of-state PAC (ID#: HV. ffman, John Contributor address; City; State; 1991 E Hig Wond St. Southlake, Ty cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	176092	Check if travel outs	In-kind contribution description Focel, Beverage, Decor for Kickoff event side of Texas. Complete Schedule T. IAL) (See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JI	UDICIAL) (See Instructions)
Contributors	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	use (If any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruct			ng requirements.

1	he Instruction Guide explains how to complete this form.		1 Total pages Sched	ule A2:
FILER NAM				
FILER NAM	Stacy, Christina C		3 Flier ID (Ethics Co	mmission Fliers)
TOTAL	OF UNITEMIZED IN-KIND POLITICAL CONTRIBU	UTIONS	\$	
	6 Full name of contributor □ out-of-state PAC (ID# 	2092	Check if travel outsi	9 In-kind contribution description Food, Beverage Decar for Kickof cuerd de of Texas. Complete Schedule
0 Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	r (FOR NON-JUDICI	AL)(See Instructions)
2 Contributor	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm		15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL	
6 If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor out-of-state PAC (10#: Def. Calvo, Leo Contributor address; City; State: 2 42 625 New Orleans Dr. Soutlak cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	TX 72092	Check If travel outsi	In-kind contribution description Campayin + - shurts de of Texas. Complete Schedule AL)(See Instructions)
Contributor	s principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JL	DICIAL) (See Instructions)
Contributor	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
If contributo	or is a child, law firm of parent(s) (If any) (FOR JUDICIAL)			

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٦	The Instruction Guide explains how to complete this form	ı.	1 Total pages Schedul	e A2:	
FILER NAM	ME Stacy Christina c		3 Filer ID (Ethics Com	mission Filers)	
TOTAL	OF UNITEMIZED IN-KIND POLITICAL CONTRIE	UTIONS	\$		
Date -/25/23	6 Full name of contributor □ out-of-state PAC (ID#:		Contribution \$ \$ \00	 9 In-kind contribution description e of Texas, Complete Schedule 	
0 Principal or	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)		FOR NON-JUDICIA		
2 Contributor	's principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUE	DICIAL) (See Instructions)	
4 Contributor	's employer/law firm (FOR JUDICIAL)	15 Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
6 If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of I Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outsid	e of Texas. Complete Schedule	
Principal o	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	L)(See Instructions)	
Contributo	r's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)	
Contributo	r's employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spous	e (If any) (FOR JUDICIAL)	
If contribut	or Is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.	If the requested information is not applicable, DO NOT include	this page in the report.
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Tł	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	dule A2:
2 FILER NAM	E Stacy, Christina C		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	UTIONS	\$	
	970 Ownby Ln. Southlake, TX	76092	Check if travel outs	Food, Beverage, Decor for- Kickoff event side of Texas Complete Schedule
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDIC	IAL)(See Instructions)
2 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	UDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)
16 If contributor	Is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	Full name of contributor Dout-of-state PAC (ID# Butcher, Aclam Contributor address: City; State: 129 Wulford In. Southlake, Ty supation / Job title (FOR NON-JUDICIAL) (See Instructions)	16092	Check if travel outs	In-kind contribution description Food, Beverage, IDecor for Kicko event ide of Texas Complete Schedule IAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL) Law firm		n of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
I	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruction			g 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 Sched	ule b.
	FILER NAME			3 Filer ID (Ethics C	ommission Filers)
	TOTAL OF	UNITEMIZED PLEDGES		\$	
	Date	6 Full name of pledgor out-of-state PAC (ID#)	8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City; Sta	nte: Zip Code		
_				Check if travel outsi	i. ide of Texas. Complete Sched
•	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta		1	
				Check if travel outsid	de of Texas. Complete Sched
1	Principal occup	ation / Job title (See Instructions)	Employer (See		
	Date	Full name of pledgor out-of-state PAC (ID#		Amount of Pledge S	In-kind contribution description
		Pledgor address; City; Sta	te: Zip Code		
				Check if travel outsid	de of Texas. Complete Sched
	Principal occup	ation / Job title (See Instructions)	Employer (See		
	Date	Full name of pledgor out-of-state PAC (ID#		Amount of Pledge \$	In-kind contribution description
		Pledgor address: City; State;	Zip Code		
				Check if travel outsid	de of Texas. Complete Sched
		ation / Job title (See Instructions)	Employer (See	Instructions)	

The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
FILER NAME			3 Filer ID (Ethics Commission Filers
Stacu	, Christyna C		
1	VITEMIZED LOANS		\$
Date of loan	7 Name of lender (ID#:)		9 Loan Amount (\$)
1/27/23	Stacy, Christina C		1500-00
Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate
a financial Institution? Y N	1218 Whispering Ln. So		11 Maturity date
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)			
Business	Owner	Three 17, Inc	
Description of Co	lateral	15 Check if personal fur account (See Instruct	ds were deposited into political tions)
	17 Name of guarantor		19 Amount Guaranteed (\$)
D Principal Occupa	18 Guarantor address; City; tion (See Instructions)	State; Zip Code 21 Employer (See Instructions)	
			Loan Amount (\$)
Date of loan	Name of lender Out-of-stat	e PAC (ID#:)	
ls lender a financial	Lender address; City;	State: Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Co	llateral	Check if personal fur account (See Instru-	nds were deposited into political ctions)
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
INFORMATION	Guarantor address; City;	State; Zip Code	
INFORMATION			
		Employer (See Instructions)	

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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 B Candidate/Officeholder/Politics Credit Card Payment	Fees Office Food/Beverage Expense Pollin y Gift/Awards/Memodals Expense Printil	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor to complete this form.	Solicitation/Fundraisi Transportation Equipr Travel In District Travel Out Of District Other (enter a catego	nent & Related Expense
1 Total pages Schedule F1:	2 FILER NAME Stacy, Christina		3 Filer ID (Ethics	Commission Filers)
4 Date 1/30/23	5 Payee name Edgerton Strategies 7 Payee address;	LLC		
6 Amount (\$)	7 Payee address;	City;	State:	Zip Code
500.25	1540 Keller PKwy #108-40	2 Keller,	TX 76248	
3	(a) Category (See Categories listed at the top of this schedul	(b) Description		
PURPOSE OF EXPENDITURE	consulting expense	monthy	retainer	
	(C) Check if travel outside of Texas, Complete Schedulo	Check if Aus	tin, TX, officeholder living	expense
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
2/3/23	Web Dotster			
Amount (\$)	Payee address;	Clty:	State;	Zip Code
19.57	5335 GATE PKWY	Jacksonvill	c, FL	32254
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF EXPENDITURE	advertising expense	domair	n name	
	Check if travel outside of Taxas. Complete Schedule	T. Check if Aus	atin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
2/3/23	Web Dotster			
Amount (\$)	Payee address;	City;	State;	Zip Code
38.38	5335 Gate PKWY	Jacksonvi	ILC FL	32256
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF EXPENDITURE	advertising expense	domai	in nome	
	Check if travel outside of Texes. Complete Schedule	T. Check if Au	stin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED	

Forms provided by Texas Ethics Commission

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 B Candidate/Officoholder/Politics Credit Card Payment	Fees C Food/Beverage Expense P g Gift/Awards/Memorials Expense P	can Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Balaries/Wages/Contract Labor now to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Tolal pages Schedule F1:	2 FILER NAME Stacy, Chris	tina C	3 Filer ID (Ethics Commission Filers)
4 Date 2/10/23	5 Payee name WIX. Com LDT		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
32.47	40 namal	Tel Aviv	Israel 4350671
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
PURPOSE OF EXPENDITURE	advertising expense	business	email
	(C) Check if travel outside of Texas. Complete Schere	duleT Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/10/23	WIX. COM LTD		
Amount (S)	Payee address;	City;	State; Zlp Code
142.89	40 Namak	Tel Aviv	Israel (35067)
	Category (See Categories listed at tha top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	advortesing expense	premuur	plan unlimbed
	Check if travel outside of Texas, Complete Sche	dula T. Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/14/23	Edgerton Strategy,	LLC	
Amount (\$)	Payee address;	City;	State: Zip Code
1000 . 00	1540 Keller PKwy #10	8-402 Keller	- TX 74248
	Category (See Categories listed at the top of this sche	edule) Description	
PURPOSE OF EXPENDITURE	advertising expense	website a	levelopement pockage indung pockage
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

Forms provided by Texas Ethics Commission

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/Politica Credi Card Payment	Fees Offic Food/Beverage Expense Polli Gitt/Awards/Memorials Expense Print	n Repayment/Reimbursement to Overhoad/Rental Expense ng Expense ting Expense ries/Wages/Contract Labor v to complete this form.	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
Total pages Schedule F1:	2 FILER NAME Stacy, Christi	na c	3 Filer ID (Ethic	s Commission Filers)
Date 2/13/23	5 Payee name Strategie			
Amount (\$)	7 Payee adgress;	City;	State:	Zip Code
* 500,3	1540 Keller Pkuy #108-40	2 Keller	TX	76248
	(a) Category (See Categories listed at the top of this schedu	(b) Description		
PURPOSE OF EXPENDITURE	Advertising expense	digta	p media	
	(C) Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
2/23/23	Edgerton Strategues	, LLC		
Amount (\$)	Payee address;	City;	State:	Zlp Code
f 500 .	1540 Keller PKuy # 108.	402 Keller	TX	76248
	Category (See Categories listed at the top of this schedul	e) Description		
PURPOSE OF EXPENDITURE	Consulting expense	month	y retaine	X
	Check if travel outside of Texas. Complete Schedule	T. Check if Aus	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
2/21/23	Fredshots, LLC			
Amount (\$)	Payee address;	City;	State:	Zip Code
405.94	7701 Pleasant Valley Trl	. McKunner) TY	75070
	Category (See Categories listed at the top of this schedul	e) Description		velogite,
PURPOSE OF EXPENDITURE	advertising expense	photos for prind pu	sh cords, bo	media ado ners, business
	Check if travel outside of Texas. Complete Schedule	eT. Check if Aus	lin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

SCHEDULE F1

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

EVDENDITUDE	CATECODIES	EOD DOV O(a)	
EXPENDITURE	CATEGORIES	FUR DUX o(a)	

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officoholder/Politics Credit Card Payment	Fees C Food/Beverage Expense F Gift/Awards/Memonals Expense F	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME Stacy, Chris	tina C	3 Filer ID (Ethics Commission Filers)
Date 2/27 /23	5 Payee name) Metro mailer		t
Amount (\$)	7 Payee address;	City:	State; Zlp Code
343.15	5719 E Rosedate St.	Suite 809 Ff.	Worth, TX 76112
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch advertising expense	push co	ards and cards, viny I banner
	(C) Check if travel outside of Texas. Complete Sche	duleT Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/1/23	Harland - Clork / Gre	of Plans Box	-K
Amount (S)	Payee address;	City;	State; Zip Code
* 32.19	P6 Box 473	Hollis	0K 73550
	Category (See Categories listed at the top of this sche	dule) Description	
PURPOSE OF EXPENDITURE	accounting / bonking	checks	
	Check if travel outside of Texas, Complete Scher	dule T Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/23/23	Revv.co		
Amount (\$)	Payee address;	City;	State: Zip Code
494.10	1920 L Street NW Suite	325 Washugton DC	n washingdon 20035
111-10			······································
111.10	Category (See Categories listed at the top of this sche		5
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Fees	contr	and processing fees
PURPOSE		credit c	nbutions and processing fees

Forms provided by Texas Ethics Commission