

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) <u>NA</u>	2 Total pages filed: <u>15</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / <u>MRS</u> / MR FIRST MI <u>STEPHANIE</u> <u>A.</u>	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; display: inline-block; transform: rotate(-2deg);">RECEIVED APR 06 REC'D 2023 </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST SUFFIX <u>BLANK</u>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <div style="background-color: black; width: 100%; height: 40px;"></div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; width: 100%; height: 20px;"></div>		
6 CAMPAIGN TREASURER NAME	MS / <u>MRS</u> / MR FIRST MI <u>LINDA</u> <u>L.</u>	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; display: inline-block; transform: rotate(-2deg);">RECEIVED APR 06 REC'D 2023 </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME LAST SUFFIX <u>SIMONSON</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <u>407 DEBORA DRIVE</u> <u>GEORGETOWN, TX 78628</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(512) 984-5988</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year <u>01 / 25 / 23</u> THROUGH <u>3 / 14 / 23</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>05 / 06 / 23</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <u>PLACE 4 GISD TRUSTEE</u>	
12 OFFICE	OFFICE HELD (if any) <u>PLACE 4 GISD TRUSTEE</u>	13 OFFICE SOUGHT (if known) <u>PLACE 4 GISD TRUSTEE</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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME <u>STEPHANIE A. BLANCK</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>1860.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>8225.23</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0.</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,744.01</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3481.22</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.</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.

Stephanie A. Blanck
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Stephanie Blanck this the 6th day of April, 2023, to certify which, witness my hand and seal of office.
Michelle M. Mainz Michelle M. Mainz Admin. Asst. - Sept.
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

STEPHANIE A. BLANCK

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,225.23
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,744.01
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME STEPHANIE A. BLANK		3 Filer ID (Ethics Commission Filers)
4 Date 1/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TANIA EASTON	7 Amount of contribution (\$) 242.52
6 Contributor address; City; State; Zip Code 413 CANYONVIEW RD., GEORGETOWN, TX 78628		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/31/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LISA CARR	Amount of contribution (\$) 29.10
Contributor address; City; State; Zip Code 31108 LAQUINTA DR. GEORGETOWN, TX 78628		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/4/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WILLIAM BARROW	Amount of contribution (\$) 194.02
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHARLOTTE PARRAMORE	Amount of contribution (\$) 242.28
Contributor address; City; State; Zip Code 204 LANCA APT R GEORGETOWN TX		
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: 8
2 FILER NAME STEPHANIE A. BLANCK		3 Filer ID (Ethics Commission Filers)
4 Date 2/5/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASS WHEELER	7 Amount of contribution (\$) 242.28
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDALL JOHNSON	Amount of contribution (\$) 18.93
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/6/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SAM PFEISTER	Amount of contribution (\$) 242.28
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATRICIA CROWLEY	Amount of contribution (\$) 30.00
Contributor address; City; State; Zip Code 4105 VAL VERDE, GEORGETOWN, TX 78628		
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 STEPHANIE A. BLANCH		3 Filer ID (Ethics Commission Filers)
4 Date 2/7/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JIM DEUSER	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 747 ARMSTRONG DR., GEORGETOWN TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WALT DOERING	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1521 NARANJO, GEORGETOWN, TX 78628		
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#: MEREDITH COX	Amount of contribution (\$) 97.01
Contributor address; City; State; Zip Code 307 E. 6th St., GEORGETOWN, TX 78626		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DIANA UNDERWOOD	Amount of contribution (\$) 48.50
Contributor address; City; State; Zip Code 206 GRAYSTONE LN., GEORGETOWN, TX		
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

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2 FILER NAME STEPHANIE A. BLANCK		3 Filer ID (Ethics Commission Filers)
4 Date 2/9/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEATHER MOELLER	7 Amount of contribution (\$) 96.62
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/10/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANNE BUSTOS	Amount of contribution (\$) 97.01
Contributor address; City; State; Zip Code 30200 ST. ANDREWS, GEORGETOWN, TX 78628		
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#: _____) SUZIE KOVACH	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 713 SADDLE MOUNTAIN RD., GEORGETOWN TX		
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#: _____) MARD HERRICK	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 31308 KINGS WAY RD., GEORGETOWN, TX 78628		
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: 8
2 FILER NAME STEPHANIE A. BLANCK		3 Filer ID (Ethics Commission Filers)
4 Date 2/14/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARY ELLEN THOMAS	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 205 QUAIL LN., GEORGETOWN, TX 78628		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DR. PRUDENCE ORR	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 308 ESSEX LN., GEORGETOWN, TX 78633		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TODD WADE	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 1503 ASH ST., GEORGETOWN, TX 78626		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MIKE HOWELL	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 515 CONCORD DR., GEORGETOWN, TX 78628		
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: 8
2 FILER NAME STEPHANIE A. BLANCK		3 Filer ID (Ethics Commission Filers)
4 Date 2/14/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WAYNE GUSMAN 6 Contributor address; City; State; Zip Code P.O. BOX 1614, GEORGETOWN, TX 78627	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PEGGY BUSCH Contributor address; City; State; Zip Code 210 ESPERADA DR., GEORGETOWN, TX 78628	Amount of contribution (\$) 48.50
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#: LINDA SIMONSON Contributor address; City; State; Zip Code 404 DEBORA DR., GEORGETOWN, TX 78628	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KAREN SHELTON Contributor address; City; State; Zip Code 321 BARREL BEND, GEORGETOWN, TX 78628	Amount of contribution (\$) 96.18
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 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: 8
2 FILER NAME STEPHANIE A. BLANCK		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ALMA MOLLEUR 6 Contributor address; City; State; Zip Code 300 ESCONDIDO, GEORGETOWN, TX 78628	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 2/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CLARA DUGAN Contributor address; City; State; Zip Code 602 COUNTRY CLUB RD., GEORGETOWN, TX 78628	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 3/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SAM PFEISTER Contributor address; City; State; Zip Code P.O. BOX 688, GEORGETOWN, TX 78628	Amount of contribution (\$) 500.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 3/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GEORGE AND BARBARA BRIGHTWELL Contributor address; City; State; Zip Code P.O. BOX 977, GEORGETOWN, TX 78627	Amount of contribution (\$) 100.00
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: 8
2 FILER NAME STEPHANIE A. BLANCK		3 Filer ID (Ethics Commission Filers)
4 Date 2/19/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEPHEN BENOLD	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 105 TANKSLEY, GEORGETOWN, TX 78628		
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#: BARBARA STOLTENBURG	Amount of contribution (\$) 40.00
Contributor address; City; State; Zip Code 4107 MALAGA, GEORGETOWN, TX 78628		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARY OLIVER	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 5006 YUCCA FLOWER LN., GEORGETOWN, TX 78626		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidates/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: 4		2 FILER NAME STEPHANIE A. BLANCK		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name SUN CITY SUN RAYS			
6 Amount (\$) 600.00		7 Payee address; 2 TEXAS DR. GEORGETOWN, TX 78633		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description AD IN SUN RAYS		
	(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		Payee name D & L PRINTING			
Amount (\$) 63.99		Payee address; 552 STADIUM DR. GEORGETOWN TX 78626		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description FLYERS - ENGLISH		
	<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		Payee name D & L PRINTING			
Amount (\$) 63.99		Payee address; 552 STADIUM DR. GEORGETOWN TX 78626		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description FLYERS- SPANISH		
	<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

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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: 4	2 FILER NAME STEPHANIE BLANCK	3 Filer ID (Ethics Commission Filers)
4 Date 2/20/23	5 Payee name MINUTE MAN PRESS	
6 Amount (\$) 595.65	7 Payee address; City; State; Zip Code 1904 S. AUSTIN AVE. , GEORGETOWN TX 78626	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description LARGE SIGNS (YARD)
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/22/23	Payee name AVERY PRINTING	
Amount (\$) 29.77	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description CAMPAIGN BUSINESS CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 2/22/23	Payee name CHARLOTTE PARRA MORE (MINIVAN) SOFTWARE	
Amount (\$) 560.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description BLOCKWALK SOFTWARE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 4	2 FILER NAME STEPHANIE A. BLANCK	3 Filer ID (Ethics Commission Filers)
4 Date 3/4/23	5 Payee name AVERY	
6 Amount (\$) 73.07	7 Payee address; City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description BUSINESS CARDS (CAMPAIGN)
	(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 3/8/23	Payee name COMMUNITY IMPACT	
Amount (\$) 950.00	Payee address; 16225 IMPACT WAY UNIT 1 PFLUGERVILLE TX 78660 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/9/23	Payee name MINUTEMAN PRESS	
Amount (\$) 595.65	Payee address; 1904 Austin Ave., GEORGETOWN TX 78626 City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4		2 FILER NAME STEPHANIE A. BLANCK		3 Filer ID (Ethics Commission Filers)	
4 Date 3/14/23		5 Payee name ROBERTS PRINTING			
6 Amount (\$) 456.43		7 Payee address: 207 E. 8th, GEORGETOWN, TX 78626 City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description DOOR HANGERS		
	(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 3/12/23		Payee name CHARLES CARTER			
Amount (\$) 300.00		Payee address: City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description PUT UP LARGE SIGNS		
	<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 3/12/23		Payee name MINUTE MAN PRESS			
Amount (\$) 455.46		Payee address: 1904 AUSTIN AVE., GEORGETOWN, TX 78626 City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description 10 LARGE SIGNS		
	<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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					