

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:

14

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Dr.

Stacey

A

NICKNAME

LAST

SUFFIX

Donald

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3400 New Kirk Dr. Plano, TX 75075

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 1636 3510

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Sreedhan

NICKNAME

LAST

SUFFIX

Sree

Yedavalli

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS, (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

8136 Stone Ridge Dr. Plano, TX 75025

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 275 9269

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officerholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

6 / 1 / 2023

THROUGH

7 / 16 / 2023

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month

Day

Year

Primary

Runoff

Other
Description

6 / 10 / 2023

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

Additional Pages

GENERAL

N/A

COMMITTEE ADDRESS

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 Stacey Donald 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1504.83
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3334.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

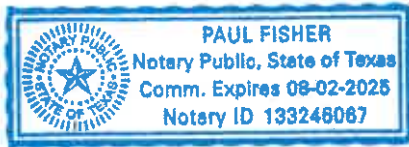
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Stacey Donald

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Stacey Donald this the 17th day of July 2023 to certify which, witness my hand and seal of office.

Paul Fisher Signature of officer administering oath
Paul Fisher Printed name of officer administering oath
Notary Public 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

Stacey Donald

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 972.83
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 832.00
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	\$ 3334.20
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: 4
2 FILER NAME Stacey Donald		3 Filer ID (Ethics Commission Filers)
4 Date 6/1/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danna Cottarach	7 Amount of contribution (\$) 500⁰⁰
6 Contributor address; City; State; Zip Code 1118 Wiltshire Dr Carrollton TX 75007		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew Kirk	Amount of contribution (\$) 52⁹⁵
Contributor address; City; State; Zip Code 3208 James Dr. Dallas TX 75227		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/2/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Wutzman	Amount of contribution (\$) 52⁹⁵
Contributor address; City; State; Zip Code 7129 S. Riverwood Way Aurora, CO 80016		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/2/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sammila Bose	Amount of contribution (\$) 21³⁷
Contributor address; City; State; Zip Code 6509 Hidden Creek Ct Plano TX 75024		
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: 4
2 FILER NAME Stacey Donald		3 Filer ID (Ethics Commission Filers)
4 Date 6/2/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah Huswit	7 Amount of contribution (\$) 2137
6 Contributor address; City; State; Zip Code 2316 Chesta Lane McKinney, TX 75072		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/2/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yaitova Spiegel	Amount of contribution (\$) 1084
Contributor address; City; State; Zip Code 1708 Broadmoor Drive Allen, TX 75002		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/2/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naren Proctor	Amount of contribution (\$) 5293
Contributor address; City; State; Zip Code 2525 Preston Rd # 223, Plano, TX 75093		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/2/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackie Charley	Amount of contribution (\$) 3189
Contributor address; City; State; Zip Code 1509 Tanglewood Dr. Allen, TX 75002		
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: <u>4</u>
2 FILER NAME <u>Stacey Donald</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>6/2/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Erica Hewitt</u>	7 Amount of contribution (\$) <u>2137</u>
6 Contributor address; City; State; Zip Code <u>4401 Wonderland Dr. Plano, TX 75093</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>6/2/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Shaun Stark</u>	Amount of contribution (\$) <u>2137</u>
Contributor address; City; State; Zip Code <u>9818 Bell Rock Road Pisco, TX 75035</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>6/2/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Debbie O'Reilly</u>	Amount of contribution (\$) <u>5295</u>
Contributor address; City; State; Zip Code <u>3216 Paradise Valley Dr. Plano, TX 75025</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>6/4/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>James Myfeler</u>	Amount of contribution (\$) <u>5295</u>
Contributor address; City; State; Zip Code <u>5112 Mustang Tr. Plano, TX 75093</u>		
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: <u>1</u>
2 FILER NAME <u>Stacey Donald</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>6/1/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Anne Dutia</u>	7 Amount of contribution (\$) <u>3189</u>
6 Contributor address; City; State; Zip Code <u>2524 Trailwest Ln, Plano, TX 75025</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>6/5/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Endal Pohsny</u>	Amount of contribution (\$) <u>2137</u>
Contributor address; City; State; Zip Code <u>2524 Trailwest Lane Plano, TX 75025</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>6/8/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Gail Shumacher</u>	Amount of contribution (\$) <u>2663</u>
Contributor address; City; State; Zip Code <u>P.O. Box 835526 Richardson TX 75083</u>		
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Stacey Donald		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 532⁰⁰	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine Goodwin Campaign	8 Amount of Contribution \$ 532⁰⁰	9 In-kind contribution description Texting
	7 Contributor address; City; State; Zip Code 1705 G. Ave Plano TX 75074	<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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<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.			

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: 6	2 FILER NAME STACEY DONAM	3 Filer ID (Ethics Commission Filers)
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4 Date 6/12/23	5 Payee name ZACH BULLANO
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6 Amount (\$) 650.00	7 Payee address; 2710 South Creek Pkwy Richardson TX 75082	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description TEXTING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/3/23	Payee name FACEBOOK
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Amount (\$) 208.83	Payee address; 1 HACKER WAY	City; MENLO PARK	State; CA	Zip Code 94025
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ONLINE ADVERTISING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/11/23	Payee name EXECUTIVE PRESS
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Amount (\$) 162.38	Payee address; 5000 W PARK BLVD	City; PLANO	State; TX	Zip Code 75093
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ROAD SIGN STICKERS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 6	2 FILER NAME STACEY DONALD	3 Filer ID (Ethics Commission Filers)
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4 Date 6/1/23	5 Payee name FACEBOOK
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6 Amount (\$) 6.05	7 Payee address; 1 HACKER WAY	City; MENLO PARK	State; CA	Zip Code 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ONLINE ADVERTISING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/5/23	Payee name AMAZON
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Amount (\$) 27.05	Payee address; 410 TERRY AVE N	City; SEATTLE	State; WA	Zip Code 98109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description PAPER
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/5/23	Payee name AMAZON
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Amount (\$) 144.97	Payee address; 410 TERRY AVE N	City; SEATTLE	State; WA	Zip Code 98109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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: 6		2 FILER NAME STACEY DONALD		3 Filer ID (Ethics Commission Filers)	
4 Date 6/7/23		5 Payee name MICHAEL			
6 Amount (\$) 117.19		7 Payee address: 8000 BENT BRANCH DR		City: IRVING	State: TX
				Zip Code 75063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description		
	(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 6/9/23		Payee name LIAM WILLIS			
Amount (\$) 225.00		Payee address: 2710 South Creek Pkwy		City: Richardson TX	State: TX
				Zip Code 75082	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description TRUCKWALKING		
	<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 6/9/23		Payee name CARLIN			
Amount (\$) 505.00		Payee address: 2710 South Creek Pkwy		City: Richardson TX	State: TX
				Zip Code 75082	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description TRUCKWALKING		
	<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: 6	2 FILER NAME STACEY DONALD	3 Filer ID (Ethics Commission Filers)
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4 Date 6/10/23	5 Payee name WALMART
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6 Amount (\$) 14.87	7 Payee address; 3100 CUSTER ROAD	City; PLANO	State; TX	Zip Code 75075
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ICE
	(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
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Date 6/10/23	Payee name WALMART
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Amount (\$) 127.17	Payee address; 3100 CUSTER ROAD	City; PLANO	State; TX	Zip Code 75075
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description PRINTING SUPPLIES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/12/23	Payee name ARIANA PENO
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Amount (\$) 180.00	Payee address; 3462 W. Camp Wisdom Rd.	City; Dallas	State; TX	Zip Code 75237
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description T-BLOCK WALKING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: 6	2 FILER NAME STACEY DONAU	3 Filer ID (Ethics Commission Filers)
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4 Date 7/11/23	5 Payee name EXECUTIVE PRESS
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6 Amount (\$) 386.99	7 Payee address; 5000 W PARK BLVD	City; PLANO	State; TX	Zip Code 75093
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description YARD SIGN TOPPERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 7/11/23	Payee name EXECUTIVE PRESS
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Amount (\$) 73.61	Payee address; 5000 W PARK BLVD	City; PLANO	State; TX	Zip Code 75093
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description BANNER
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/22/23	Payee name DOUNTE WAY
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Amount (\$) 53.15	Payee address; PO BOX 300781	City; AUSTIN	State; TX	Zip Code 78703
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description DONATION 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	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | 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: 6	2 FILER NAME STACEY DONAUD	3 Filer ID (Ethics Commission Filers)
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4 Date 7/16/23	5 Payee name TURNING POINT RANG CRISIS CENTER			
6 Amount (\$) 225.97	7 Payee address; 3325 SILVERSTONE DR	City; PLANO	State; TX	Zip Code 75023

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION MADE BY CANDIDATE	(b) Description DONATION
	(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
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Date 7/16/23	Payee name NORTH TEXAS FOOD BANK			
Amount (\$) 225.97	Payee address; 3677 MAPLESHADE LN	City; PLANO	State; TX	Zip Code 75075

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DONATION MADE BY CANDIDATE	Description DONATION
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED