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 filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	MI A	OFFICE USE ONLY
NAME	NICKNAME DON ALE	LAST	SUFFIX	Pate Received CEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 3400 No	APT / SUITE #; (CITY; STATE; ZIP CODE PLANO TX 75075	JUN 0 2 2023 COLLIN COLLEGE CHIEF OF STAFF,
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	phone number 636 - 3510	EXTENSION	Date Hang-callwared Date Postmar ed Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Me NICKNAME	FIRST SREEDHAY LAST	M1 2_ SUFFIX	Date Processed
	Spee	YEDAYALL		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT / S		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (847)	PHONE NUMBER 275 — 9264	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before e	Currended Markiford	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
	L July 13	oill day before ele	Reporting Limit	
10 PERIOD COVERED	Month 64	Day Year 28 / 2023	THROUGH 5	Day Year / 31 / 2 D 23
11 ELECTION	Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	PAR COLLIN COF	13 OFFICE SOUGHT (If known TRUSTEG FOR LACE 3	COLIN COLLEGE
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES,
00/////////////////////////////////////	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

16 C/OH NAME STACEY	DONALD 16 F	iler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 4002.36
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2044.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2081.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	swear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	correct and includes all information
	Signature of Candida	te or Officeholder
	Please complete either option below:	
(1) Affidavit	CAROL JEAN HARSER Notary ID #131819932 My Commission Expires December 7, 2026	
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by S. Donald this the 2°	day of Tune,
	which, witness my hand and seal of office.	0.115-
Signature of office administration		otary Public Title of officer administering oath
	- :OR	
(2) Unsworn Declarat	ion	
My name is	, and my date of birth is	
		J
		(zip code) (country)
Executed in	County, State of on the day of (month)	, 20 (year)
	Signature of Candidate/O	Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILERN	AME		20 Filer ID (Ethics Cor	nmiss	ion Filers)
		STACEY	DONALD			
21		ILE SUBTOTALS F SCHEDULE				SUBTOTAL AMOUNT
1.	X	SCHEDULE A1:	MONETARY POLITICAL CONTRIBUTIONS		\$	2791.71
2.	X	SCHEDULE A2:	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1210.65
3.		SCHEDULE B: F	PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: (LOANS		\$	
5.	X	SCHEDULE F1:	POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	2044.32
6.		SCHEDULE F2:	UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3:	PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.		SCHEDULE F4:	EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$	
10.		SCHEDULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.		SCHEDULE I: N	ON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12.			INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	

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	ay Danald	3 Filer ID (Ethics Commission Filers)
4 Date 4/30/23	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 52.95
8 Principal occu	3509 Gillemie Meinney TX 75072 pation / Job title (See Instructions) 9 Employer (See In	2 nestructions)
Date	Full name of contributor	Amount of contribution (\$)
5/6/23	Contributor address; City; State; Zip Code	1,500.00
Principal accur	329 Jayich Day 7 7502 pation / Job title (See Instructions) Employer (See In	
Filincipal occup	Salish / Bob title (GGC Institutions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5/7/23	Davina Albert Contributor address; City; State; Zip Code	3/le.11
	400 Shiloh Dr Rucas DX 7500	
Principal occu	pation / Job title (See Instructions) Employer (See In	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5/8/23	Contributor address; City; State; Zip Code	105.58
Principal occu	pation / Job title (See Instructions) MCLINNEY TY 75 Employer (See Instructions)	nstructions)
i insipai odda	,	

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SCHEDULE A1

If the reques	sted information is not applicable, DO NOT Inc	clude this page in the i	eport.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	icey Donald		3 Filer ID (Ethics Commission Filers)
4 Date		(ID#:)	7 Amount of contribution (\$)
5/10/23	Christopher Force 6 Contributor address; City; 907 Kikore G. Allen	State; Zip Code	5295
8 Principal occu	pation / Job title See Instructions)	9 Employer (See Instruct	ions)
Date	_	(ID#:)	Amount of contribution (\$)
5/17/23	hatherine Goodwin Contributor address; City; 1705 G. Ave Plano	State; Zip Code	105 58
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
5 25 23	Contributor address; Point On.	State; Zip Code TX 75243	5295
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(LD#:	Amount of contribution (\$)
5/25/23	Contributor address; City;	State; Zip Code	5295
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)

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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	acy Donald	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
5/25/23	6 Contributor address; City; State; Zip Code 1709 Kennedy Dr Wylie TX 75098	529
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
5/26/23	Contributor address; City; State; Zip Code	52 95
	4312 (710 mm, Dr. Plane TX 75024	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
5/26/23	Contributor address; City; State; Zip Code 1617 Langenta Du Pano TX 7507	10000
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
5/26/23	Contributor address; City; State; Zip Code 3800 Pubble Creck Ct. Act. 129 Act. 75023	5295
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)

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SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page in the	герогт.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	acey Donald	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
5/27/23	5 Contributor address; City; State; Zip Code 3401 Parkhaven M. Playo TX 75075	105 Es
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
5/27/23	Donna Benning Contributor address; City; State; Zip Code	3000
	109 Highedge Dr. Plano TX 75075	
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#;	Amount of contribution (\$)
5/28/23	Wendy Binnian Contributor address; City: State; Zip Code 29 Whitman Making TX 75072	15821
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	1	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED

SCHEDULE A2

The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:	
2 FILER NAME Stacy Donald	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$	
5 Date 6 Full name of contributor out-of-state PAC (ID#	8 Amount of South State of Texas. Complete School School School	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructio	ns)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDIC	IAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full name of contributor out-of-state PAC (ID#: 5/19/2 Contributor address; City; State; 240 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Amount of Contribution \$ In-kind contribution description Zip Code Postage Check if travel outside of Texas. Complete Scheller Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instruction	ns)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDIC	IAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
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SCHEDULE A2

The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:
2 FILER NAMES LONG	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#: 5 24 2 7 Contributor address; City; State; 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	8 Amount of 9 In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T. 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 out-of-state PAC (ID#:	Amount of Contribution \$ In-kind contribution description Zip Code Pookuge 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)	
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SCHEDULE A2

Th	e instruction Guide explains how to complete this form	n.	1 Total pages Schede	ıle A2:
2 FILER NAME	Stacey Darold		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$	
5 Date 5/23/23 10 Principal occ	Full name of contributor out-of-state PAC (ID#:	Zip Code 7509.4 11 Employe	Contribution \$	9 In-kind contribution description ACC See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	Amount of Contribution \$	I In-kind contribution I description
5/19/23	Contributor address; City; State; 5902 Bids P. D. Wuking	X 75072		de of Texas. Complete Schedule T.
Principal occ	tupation / Job title (FOR NON-JUDICIAL) (See Instructions)	X 750 }Z Employe	Er (FOR NON-JUDICI	AL)(See Instructions)
Principal occ	5902 Bridge Pt. Dr. Mckinney T	Employe Contribu	er (FOR NON-JUDICI	
Principal occ Contributor's Contributor's	sprincipal occupation (FOR JUDICIAL)	Employe Contribu	er (FOR NON-JUDICI	AL)(See Instructions) IDICIAL) (See Instructions)
Principal occ Contributor's Contributor's	supation / Job title (FOR NON-JUDICIAL) (See Instructions) sprincipal occupation (FOR JUDICIAL) semployer/law firm (FOR JUDICIAL)	Employs Contribu	er (FOR NON-JUDICI	AL)(See Instructions) IDICIAL) (See Instructions)

SCHEDULE A2

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:	
2 FILER NAME Staley Donald	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS \$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of Contribution \$ In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T. 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 out-of-state PAC (ID#: 5 30 23 Contributor address; City; State; Obdood Auk (Amount of Contribution \$ In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T. 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)		
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SCHEDULE A2

The Instruction Guide explains how to complete this form	1.	1 Total pages Sched	ule A2:
2 FILER NAME Staley Donald		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$	
5 Date 6 Full name of contributor out-of-state PAC (ID#: 5) 242 23 7 Contributor address; City; State; 38 Very St. McLiney TX 7 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Zip Code 50(o9 11 Employe	8 Amount of Contribution \$ 48 0000 Check if travel outsider (FOR NON-JUDICIA)	9 In-kind contribution description ACTUSE de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution \$	In-kind contribution description
S/31/23 Contributor address; City; State; Black Decided Party Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Zip Code 75025 Employe	Check if travel outsi	de of Texas. Complete Schedule T. AL)(See Instructions)
8136 Stone Rolge Dr. Plans TX	75025 Employe	er (FOR NON-JUDICI	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	T5025 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL)	T5025 Employe	er (FOR NON-JUDICIA	AL)(See Instructions) UDICIAL)(See Instructions)
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL)	T5925 Employe Contribu	er (FOR NON-JUDICI. utor's job title (FOR JU	AL)(See Instructions) UDICIAL)(See Instructions)

SCHEDULE A2

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:
2 FILER NAMESTALLY DOUALD	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	SUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#: 5/30/23 7 Contributor address; City; State; Calde Red Contributor address (PAC (ID#: 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	8 Amount of Some In-kind contribution description Zip Code Some Check if travel outside of Texas. Complete Schedule T. 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 out-of-state PAC (ID#: Substite 5/20/23 Contributor address; City; State; Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Amount of Contribution \$\text{In-kind contribution description}\$ Zip Code Check if travel outside of Texas. Complete Schedule T. 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)	
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SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Stacey Donald		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBI	UTIONS	\$	
3500 Houthstan Rd	Zip Code 750 8 2	8 Amount of Contribution \$ 50° Check if travel outsing (FOR NON-JUDICIA)	9 In-kind contribution description Postage de of Texas. Complete Schedule T. AL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribut	tor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
1036 Senset Tanace Plans TX	Zip Code 75075		In-kind contribution description POSTUSE de of Texas, Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)			AL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)			DICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	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)			
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SCHEDULE A2

The Instruction Guide explains how to complete this form).	1 Total pages Schedu	ıle A2:
2 FILER NAME Stacey Donald		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	SUTIONS	\$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Zip Code 7500 2	Contribution \$ 28 %	9 In-kind contribution description According to the second of the secon
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Full name of contributor out-of-state PAC (ID#: State	Zip Code 75002		In-kind contribution description Plootage de of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		r (FOR NON-JUDICI)	
Contributor's principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	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)			
ATTACH ADDITIONAL COPIES OF T	THIS SCHEDY	II E AS NEEDED	
If contributor is out-of-state PAC, please see Instruct			g requirements.

SCHEDULE A2

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
2 FILER NAME Streey Denald	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUT	TIONS \$
1/20123 1/ez/Chisolm 2. Proper X 7	8 Amount of Contribution \$ 9 In-kind contribution description 9 In-kind contribution 9 In-
12 Contributor's principal occupation (FOR JUDICIAL) 13	3 Contributor's job title (FOR JUDICIAL) (See Instructions)
Table Control of Principal Control of Contro	
14 Contributor's employer/law firm (FOR JUDICIAL) 15	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	Amount of In-kind contribution description
5/25/23 Contributor address; City; State; Zip	
4.5	ip Code 24 20 Postuse 750 Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See Instructions)
480 New bridge Dr. Williamy Dr.	? 750 Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL)(See Instructions)
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL)	Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's job title (FOR JUDICIAL) (See Instructions)
Principal occupation / Job title (FOR NON-TIDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL)	Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's job title (FOR JUDICIAL) (See Instructions)

SCHEDULE A2

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
2 FILER NAME Study Donald	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#: S125/23 7 Contributor address; City; State; Z 5/2 Date Dr.	8 Amount of Contribution \$ 9 In-kind contribution description 120° 100°
To Principal occupation / 300 title (FOX 1404-300/01AL) (See Instituctions)	
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)	
1,710 Vivainia DKW	Amount of Contribution \$ In-kind contribution description 24000 Zip Code Check if travel outside of Texas, Complete Schedule T. 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)	
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SCHEDULE A2

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:	
2 FILER NAMES Falley Donald	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBU	UTIONS \$	
1320 Winston Dr. Mckimer TX 7	8 Amount of Services (FOR NON INDICATE) 8 Amount of Services (FOR NON INDICATE) 9 In-kind contribution description 48 Services (FOR NON INDICATE)	
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 out-of-state PAC (ID#: Manuay Button 5/22/23 Contributor address; City; State; 2	Amount of Contribution \$ In-kind contribution description Zip Code 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 TH	HIS SCHEDULE AS NEEDED	

SCHEDULE A2

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:
2 FILER NAME Statey Donald	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	SUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
12 Continuator's principal occupation (FOX 30DIOIAE)	13 Continuation 5 Job Line (1 Cr. Cobbion 12) (Cob Institution)
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)	
Solution State PAC (ID#:	Amount of Contribution \$ In-kind contribution description Zip Code 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 1 If contributor is out-of-state PAC, please see Instruction	HIS SCHEDULE AS NEEDED on guide for additional reporting requirements.

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME Saley Duald			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date 5/20/23 10 Principal occ	6 Full name of contributor out-of-state PAC (ID#:	Zip Code 7 5094 11 Employe	8 Amount of Solution
12 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	n 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	Zip Code	Amount of In-kind contribution Contribution \$ description
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF I	THIS SCHED	ULE AS NEEDED r additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested info	ormation is not applicable, DO NOT inclu	ude this page in the re	port.
	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Los Fees Off Food/Beverage Expense Po y Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement lice Overhead/Rental Expense tiling Expense nting Expense lanes/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FII ER NAME		3 Filer ID (Ethics Commission Filers)
1 Total pages concusio 1 1.	STACEY DONALD		
4 Date	5 Payee name		
04/28/2023	I	- SHINETS	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
164.48	6505 W-PARK BLVO S	TE 312 PLANO	TX 75093
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	(b) Description Cost Fot	CAMPAIGN T-SHIPET
	(c) Check if travel outside of Texas, Complete Schedu	leT. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 05 03 2023	Payee name 2. DE SHANCE 2 VOTE		
Amount (\$)	Payee address;	City;	State; Zip Code
700.00	PO BOX 803648	DALLAS T	X 75380
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Description RIDE SH	THE TO VOTE
	Check if travel outside of Texas. Complete Schedu	lie T. Check if Austi	n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/16/2025	AMERON. COM		
Amount (\$)	Payee address: 410 TEKKLY NYE N	SEATTLE WA	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Description	
	Check if travel outside of Texas, Complete Schedu	lle T. Check if Austi	n, 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

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling B Giff/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense Expense Expense Expense Avages/Contract Labor Travel Out Of District Other (enter a category not listed above the complete this form	
4 =			- Filore)
1 Total pages Schedule F1:	STACEY PONALD	3 Filer ID (Ethics Commission	1 Filers)
4 Date	5 Payee name		
05 19 2023	BROWN BAG MAMKETING		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	e
604.87			
001.07	3340 PEACHTREE RO NE	Suite 825 Atlantia GA 303	,26
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	POST CANUOS	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
05 31 2023	UNITED STATES POSTAL SE	MAICE	
Amount (\$)	Payee address;	City; State; Zip Cod	e
288.00	3400 COTT READ PLANC	75075	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	POSTAGE	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
05/31/2023	DONATEWAY		
Amount (\$)	Payee address;	City; State; Zip Cod	е
। ५५.।।	P.O BOX 300781 AUSTI	N TX 76703	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		PILOCESSING FEEL FOZ	
OF EXPENDITURE	FEES	PONATIONS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	d
expenditure to benefit C/O	ł		
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEEDED	