

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / <input checked="" type="checkbox"/> MRS / <input type="checkbox"/> MR	FIRST <i>Stephanie</i>	MI <i>W</i>	OFFICE USE ONLY Date Received <i>4-6-23</i> <i>mmp</i> <i>3:30pm</i>	
	NICKNAME	LAST <i>O'Dell</i>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>608 W. Hunt, McKinney, TX 75069</i>				
	AREA CODE PHONE NUMBER EXTENSION <i>(972) 365-6628</i>				
6 CAMPAIGN TREASURER NAME	MS / <input checked="" type="checkbox"/> MRS / <input type="checkbox"/> MR	FIRST <i>Cindy</i>	MI	Receipt #	Amount \$
	NICKNAME	LAST <i>Francis</i>	SUFFIX	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>5217 Crossvine, McKinney, TX 75070</i>				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(214) 504-5212</i>				
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 THROUGH Month Day Year <i>1 / 19 / 2023</i> <i>THROUGH</i> <i>4 / 6 / 2023</i>				
11 ELECTION	ELECTION DATE Month Day Year <i>5 / 6 / 23</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <i>MISD School Board Place 6 at large</i>		13 OFFICE SOUGHT (if known) <i>Same</i>		
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 <i>Stephanie O'Sell</i>		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)	\$ 8,040 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,388.67
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	\$ 0

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Stephanie O'Sell and my date of birth is 4/27/1966
 My address is 608 W. Hunt, McKinney, TX, 75069 USA
(street) (city) (state) (zip code) (country)
 Executed in Collin County, State of TX, on the 6th day of April, 20 23
(month) (year)
Stephanie O'Sell
 Signature of Candidate/Officeholder (Declarant)

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: 0
2 FILER NAME Stephanie O'Dell		3 Filer ID (Ethics Commission Filers)
4 Date 2/3/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine Bettner	7 Amount of contribution (\$) \$5000⁰⁰
6 Contributor address; City; State; Zip Code 311 College McKinney TX 75069		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Self employed
Date 2/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Reagan	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code McKinney		
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#: _____) William Darling	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code 3362 N. Custer McKinney TX 75071		
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Tradition Homes
Date 2/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angie Strickland	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code 2812 Rush Crk Rd McKinney TX 75072		
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: <i>2</i>
2 FILER NAME <i>Stephanie O'Dell</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/10/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cheryl Hargrove</i>	7 Amount of contribution (\$) <i>50⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>McKinney TX</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/11/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Reagan O'Conner</i>	Amount of contribution (\$) <i>20⁰⁰</i>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/18/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul Shirar</i>	Amount of contribution (\$) <i>25⁰⁰</i>
Contributor address; City; State; Zip Code <i>McKinney</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/21/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Leaca Caspari</i>	Amount of contribution (\$) <i>50⁰⁰</i>
Contributor address; City; State; Zip Code		
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: 6
2 FILER NAME Stephanie O'Sell		3 Filer ID (Ethics Commission Filers)
4 Date 2/23/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug & Kathy Eddy	7 Amount of contribution (\$) 100⁰⁰
6 Contributor address; City; State; Zip Code 410 Redhead Ct McKinney TX 75070		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/23/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Mantzey	Amount of contribution (\$) 200⁰⁰
Contributor address; City; State; Zip Code 6813 Norman Rockwell McKinney TX 75072		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Shamrock Bank
Date 2/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Morley	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code McKinney		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Winters	Amount of contribution (\$) 15⁰⁰
Contributor address; City; State; Zip Code		
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>6</u>
2 FILER NAME <u>Stephanie O'Dell</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/1/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jim Barton</u>	7 Amount of contribution (\$) <u>100⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>Tucker McKinney TX 75069</u>		
8 Principal occupation / Job title (See Instructions) <u>Retired</u>		9 Employer (See Instructions)
Date <u>3/24/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John Ratten</u>	Amount of contribution (\$) <u>500⁰⁰</u>
Contributor address; City; State; Zip Code <u>700 N. McDonald, McKinney TX 75069</u>		
Principal occupation / Job title (See Instructions) <u>-</u>		Employer (See Instructions) <u>self employed</u>
Date <u>.</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Geré Feltus</u>	Amount of contribution (\$) <u>250⁰⁰</u>
Contributor address; City; State; Zip Code <u>317 Bachman Crk Dr, McKinney TX 75072</u>		
Principal occupation / Job title (See Instructions) <u>Doctor</u>		Employer (See Instructions) <u>self employed</u>
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.

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: 6
2 FILER NAME Stephanie O Bell		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Vanstony	7 Amount of contribution (\$) 50 ⁰⁰
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christy Elkins	Amount of contribution (\$) 100 ⁰⁰
Contributor address; City; State; Zip Code 2602 Concord, McKinney TX 75072		
Principal occupation / Job title (See Instructions) Mom		Employer (See Instructions)

Date 3/12/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carissa Pichon	Amount of contribution (\$) 100 ⁰⁰
Contributor address; City; State; Zip Code 3102 Voltaire, McKinney, TX 75070		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anne Lucas	Amount of contribution (\$) 25 ⁰⁰
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.

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>10</u>
2 FILER NAME <u>Stephanie O'Dell</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/27/23</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Diane Craig</u>	7 Amount of contribution (\$) <u>50⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>McKinney TX 75069</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/29/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Charles Bell</u>	Amount of contribution (\$) <u>75⁰⁰</u>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/30/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Julie Ryan</u>	Amount of contribution (\$) <u>100⁰⁰</u>
Contributor address; City; State; Zip Code <u>2904 Hidden Forest, McKinney, TX 75072</u>		
Principal occupation / Job title (See Instructions) <u>Mom</u>		Employer (See Instructions)
Date <u>3/2/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Charlie Philips</u>	Amount of contribution (\$) <u>500⁰⁰</u>
Contributor address; City; State; Zip Code <u>2301 Virginia McKinney TX 75071</u>		
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>self employed</u>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 1	2 FILER NAME Stephanie O'Sell	3 Filer ID (Ethics Commission Filers)
4 Date 2/14/23	5 Payee name Executive Press	
6 Amount (\$) 2137.94 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1400 Presidential Dr. Richardson TX 75081	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Yard Signs
	(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 Stephanie O'Sell	Office sought / Office held Place 6 at Large
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 1/27/23	5 Payee name Go Daddy	
6 Amount (\$) 18.11	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 website
	(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 Stephanie O'Dell	Office sought / Office held At Long Place Ce
Date 2/17/23	Payee name Community Impact	
Amount (\$) 300 ⁰⁰	Payee address; City; State; Zip Code 7460 Warren Pkw, Friso TX 75034	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Digital A
	<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 Stephanie O'Dell	Office sought / Office held same as above
Date 3/23/23	Payee name Community Impact	
Amount (\$) 2075 ⁰⁰	Payee address; City; State; Zip Code same as above	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description 1/2 page ad
	<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 same as above	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: 3	2 FILER NAME Stephanie O'dell	3 Filer ID (Ethics Commission Filers)
4 Date 3/2/23	5 Payee name Executive Press	
6 Amount (\$) 294.71	7 Payee address; City; State; Zip Code Same as before	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description flyers
	(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 Stephanie O'dell	Office sought At Large Place 4
Date 2/13/23	Payee name CVS	
Amount (\$) 12.60	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description stamps
	<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 Same	Office sought Office held
Date 3/6/23	Payee name Gebo's	
Amount (\$) 178.29	Payee address; City; State; Zip Code 2004 W. University, McKinney TX 75072	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description + - posts
	<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 Same	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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>3</i>	2 FILER NAME <i>Stephanie O'Jell</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/23/23</i>	5 Payee name <i>Gebo's</i>	
6 Amount (\$) <i>118,86</i>	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <i>+ posts</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Same as before</i>	Office sought Office held
Date <i>2/24/23</i>	Payee name <i>Shutter fly</i>	
Amount (\$) <i>88⁰⁰</i>	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Thank you notes</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Same as before</i>	Office sought Office held
Date <i>4/4/23</i>	Payee name <i>Executive Press</i>	
Amount (\$) <i>174.28</i>	Payee address; <i>Same</i>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Flyers</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Same</i>	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED