

# 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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <i>Mr.</i> FIRST: <i>David</i> MI: NICKNAME:      LAST: <i>Stine</i> SUFFIX:	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <i>2714 Devonshire Ct. Grapevine TX 76051</i>	Date Received	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <i>(214) 542-5247</i>	Date Hand-delivered or Date Postmarked <i>4/2 2022</i>	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <i>Mrs.</i> FIRST: <i>Stacy</i> MI: <i>H</i> NICKNAME:      LAST: <i>Amerson</i> SUFFIX:	Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <i>4206 Lexington Pkwy Colleyville TX 76034</i>		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE      PHONE NUMBER      EXTENSION <i>(214) 587-4439</i>		
<b>9 REPORT TYPE</b>	<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 (Officerholder 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)		
<b>10 PERIOD COVERED</b>	Month      Day      Year      THROUGH      Month      Day      Year <i>02 / 16 / 2022      THROUGH      04 / 07 / 2022</i>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <i>05 / 07 / 2022</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description: <i>Joint</i> <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <i>GCIST Board of Trustees, Place 4</i>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

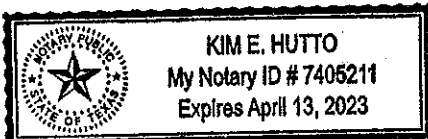
15 C/OH NAME <u>David Stine</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5,735.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3,342.42</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,412.58</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</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.

[Signature]  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by David Stine this the 7th day of April, 2022, to certify which, witness my hand and seal of office.

Kim E. Hutto Signature of officer administering oath  
Kim E. Hutto Printed name of officer administering oath  
Board Clerk 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 <i>David Stine</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5,755.00</i>
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	\$ <i>3,342.42</i>
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: <b>7</b>
2 FILER NAME <b>David Stine</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/4/22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amanda Thode</b>	7 Amount of contribution (\$) <b>\$100-</b>
6 Contributor address; City; State; Zip Code <b>2016 Lake Forest Rd. Grapevine, TX 76051</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>4/4/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Christy Spivey</b>	Amount of contribution (\$) <b>\$75-</b>
Contributor address; City; State; Zip Code <b>3907 Martin Pkwy Colleyville, TX 76034</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/4/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Lorilee Bland</b>	Amount of contribution (\$) <b>\$50-</b>
Contributor address; City; State; Zip Code <b>318 Kessler Dr. Euless, TX 76039</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>4/1/22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Phillips</b>	Amount of contribution (\$) <b>\$100-</b>
Contributor address; City; State; Zip Code <b>519 Emerson Tor. Rockwall, TX 75087</b>		
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:
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2 FILER NAME <i>David Stine</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/31/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karl Kobel</i>	7 Amount of contribution (\$) <i>\$250-</i>
	6 Contributor address; City; State; Zip Code <i>3327 Wintergreen Ter Grapevine TX 76051</i>	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date <i>3/28/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>James Livingston</i>	Amount of contribution (\$) <i>\$100-</i>
	Contributor address; City; State; Zip Code <i>4712 Cabernet Cir Colleyville, TX 76034</i>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date <i>3/28/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeff Livingston</i>	Amount of contribution (\$) <i>\$250-</i>
	Contributor address; City; State; Zip Code <i>3900 St. James Cir. Colleyville, TX 76034</i>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date <i>3/19/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robbie Hashem</i>	Amount of contribution (\$) <i>\$250-</i>
	Contributor address; City; State; Zip Code <i>8501 Kensington Pl. Colleyville, TX 76034</i>	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>David Stine</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/17/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim + Jessica Jackson</i>	7 Amount of contribution (\$) <i>\$100-</i>
6 Contributor address; City; State; Zip Code <i>3102 Scarborough Ln Colleyville, TX 76034</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>3/13/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Peter Kuhlmann</i>	Amount of contribution (\$) <i>\$100-</i>
Contributor address; City; State; Zip Code <i>6707 Curtis Rd. Colleyville TX 76034</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/13/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melissa Crier</i>	Amount of contribution (\$) <i>\$100-</i>
Contributor address; City; State; Zip Code <i>3605 Bordeaux Lane Hurst, TX 76054</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3/11/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rachael Abell</i>	Amount of contribution (\$) <i>\$530-</i>
Contributor address; City; State; Zip Code <i>2716 Devonshire Ct. Grapevine, TX 76051</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>David Stone</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/27/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Al + Stacy Amerson</i> 6 Contributor address; City; State; Zip Code <i>4206 Lexington Pkwy Colleyville TX 76034</i>	7 Amount of contribution (\$) <i>\$500</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/3/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dana Holland</i> Contributor address; City; State; Zip Code <i>42 Veranda Ln Colleyville TX 76034</i>	Amount of contribution (\$) <i>\$150-</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/1/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Margot Bradbury</i> Contributor address; City; State; Zip Code <i>3308 Rolling Hills Lane Grapevine, TX 76034</i>	Amount of contribution (\$) <i>\$50-</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/30/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Christine Steele</i> Contributor address; City; State; Zip Code <i>5205 Fox Trail Lane Colleyville TX 76034</i>	Amount of contribution (\$) <i>\$50-</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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:
2 FILER NAME <i>David Stine</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/29/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Wetson</i>	7 Amount of contribution (\$) <i>\$100-</i>
6 Contributor address; City; State; Zip Code <i>3305 Spruce Grapevine TX 76034</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/30/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Clearlight Aerospace</i>	Amount of contribution (\$) <i>\$100-</i>
Contributor address; City; State; Zip Code <i>3404 Pembroke Pkwy. Colleyville TX 76034</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/11/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lauren Allen</i>	Amount of contribution (\$) <i>\$ 500-</i>
Contributor address; City; State; Zip Code <i>2608 Juniper Lane Grapevine TX 76051</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/28/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amy Cunningham</i>	Amount of contribution (\$) <i>\$500-</i>
Contributor address; City; State; Zip Code <i>2708 Devonshire Ct. Grapevine TX 76034</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME David Stone		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marisela Berkstresser	7 Amount of contribution (\$) \$100-
6 Contributor address; City; State; Zip Code 3118 Woodland Heights Cir. Colleyville, TX 76034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Rothgeb	Amount of contribution (\$) \$200-
Contributor address; City; State; Zip Code 4421 Lafite Colleyville, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dannovanh Fabia	Amount of contribution (\$) \$250-
Contributor address; City; State; Zip Code 2713 Whitby Lane Grapevine, TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/28/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Floyd	Amount of contribution (\$) \$250-
Contributor address; City; State; Zip Code 4414 Eaton Cir Colleyville, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# 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:
2 FILER NAME David Stine		3 Filer ID (Ethics Commission Filers)
4 Date 2/27/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris McNeal	7 Amount of contribution (\$) \$350-
6 Contributor address; City; State; Zip Code 3605 Winwood Pl. Colleyville TX 76034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/4/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tara Mason	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 924 Spring Creek Dr Grapevine TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drew Habas	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 3907 Martin Pkwy Colleyville, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/5/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Abell	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 2716 Devonshire Ct Grapevine TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

1 of 3

## 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: <b>3</b>	2 FILER NAME <b>David Stine</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/12/2022</b>	5 Payee name <b>91 Signs</b>	
6 Amount (\$) <b>\$2,219.13</b>	7 Payee address; City; State; Zip Code <b>4115 Steeplechase Dr. Colleyville TX 76034</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Signs</b>
	(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 <b>3/30/2022</b>	Payee name <b>THREADS Customized, LLC</b>	
Amount (\$) <b>\$396.00</b>	Payee address; City; State; Zip Code <b>5532 Midway Rd Ste. P Haltom City TX 76117</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Shirts</b>
	(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
Date <b>2/28/2022</b>	Payee name <b>Wix Website</b>	
Amount (\$) <b>\$64.00</b>	Payee address; City; State; Zip Code <b>www.wix.com</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</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	
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:	2 FILER NAME <i>David Stone</i>	3 Filer ID (Ethics Commission Filers)
----------------------------	------------------------------------	---------------------------------------

4 Date	5 Payee name <i>Quick books</i>
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6 Amount (\$) <i>\$26.65</i>	7 Payee address: <i>2632 Marike Way Mountain View CA 94043</i>	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting/Banking</i>	(b) Description <i>Financial website</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name <i>Mail Room</i>
------	--------------------------------

Amount (\$) <i>\$62.79</i>	Payee address: <i>729 Grapevine Hwy Hurst TX 76054</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>	Description <i>handouts</i>
	<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	Payee name <i>LOWES</i>
------	----------------------------

Amount (\$) <i>293.14</i>	Payee address: <i>3000 State Hwy 121 Euless TX 76039</i>	City;	State;	Zip Code
------------------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Posts</i>
	<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:	2 FILER NAME David Strick	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Londoner	
6 Amount (\$) 63.82	7 Payee address; City; State; Zip Code 5120 State Hwy, Colleyville TX 76034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food + Beverage Expense	(b) Description Food + beverage
	(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	Payee name AMBUCS
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Amount (\$) 200.00	Payee address; City; State; Zip Code 2150 W. Northwest Hwy, Ste 114 #1089 Grapevine, TX 76051
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Golf hole Sponsorship
	(c) <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 4/3/2022	Payee name Scooters
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Amount (\$) 16.89	Payee address; City; State; Zip Code 7171 Colleyville Blvd #110 Colleyville TX 76034
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food + Beverage Expense	Description Coffee
	(c) <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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