

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 / MRS / MR FIRST MI Mr. David NICKNAME LAST SUFFIX Stine	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2714 Devonshire Ct. Grapevine, TX 76051	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 542-5247	Date Hand-delivered or Date Postmarked KH 4/29/22	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Stacy H. NICKNAME LAST SUFFIX Amerson	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4206 Lexington Pkwy Colleyville, TX 76034		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 587-4439		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 04 / 08 / 2022 THROUGH 04 / 29 / 2022		
11 ELECTION	ELECTION DATE Month Day Year 05 / 08 / 2022	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special Joint	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) GCUSD Board of Trustee, Place 4	
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.		
<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**

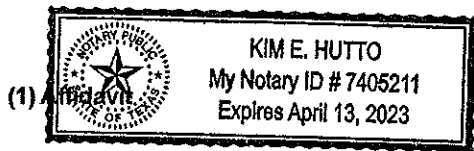
15 C/OH NAME <i>David Stone</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>4,412.50</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>2,997.25</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1,415.33</i>
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.

David Stone

Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *David Stone* this the *29th* day of *April*, 20*22*, to certify which, witness my hand and seal of office.

Kim E. Hutto *Kim E. Hutto* *Board Clerk*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

David Stine

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2000
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2997.25
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 2,408.56
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.

1/6

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 0
2 FILER NAME David Stine		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Pittard	7 Amount of contribution (\$) \$250-
6 Contributor address; City; State; Zip Code 3004 Northview Dr. Grapevine, TX 76051		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lec Anne + Mike Sexton	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code 3438 Blueberry Ln Grapevine TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louis Miller	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 6404 Talbot Trail Colleyville, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lara Trevino	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 3817 Briar Cove, Grapevine, TX 76051		
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.

2/4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME David Stine		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Victoria Butler	7 Amount of contribution (\$) \$25 \$50
6 Contributor address; City; State; Zip Code 3543 RedBird Ln, Grapevine, TX 76051		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawn-Carole Harris	Amount of contribution (\$) \$100-
Contributor address; City; State; Zip Code 3073 Hightmber Ct. Grapevine, TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosa Graces	Amount of contribution (\$) \$25
Contributor address; City; State; Zip Code 4132 Williams Ct. Grapevine, TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyndsey Hill	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 301 Harmony Hill Grapevine TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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3/4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME David Stone		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly Mauris 6 Contributor address; City; State; Zip Code 4301 Green Meadow STE. Colleyville, TX 76034	7 Amount of contribution (\$) \$100-
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/11/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Torc Contributor address; City; State; Zip Code 880 Colleyville Terrace Colleyville, TX 76034	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landy + Monica Ray Contributor address; City; State; Zip Code 3200 Wilton Woods Ct. Colleyville TX 76034	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Benedetto Contributor address; City; State; Zip Code 3201 Summit Ct. Grapevine, TX 76051	Amount of contribution (\$) \$50-
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4/4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME David Stone		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanda Alvarez	7 Amount of contribution (\$) \$25-
6 Contributor address; City; State; Zip Code 2910 Creekwood Dr Grapevine TX 76051		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emina Lenczycki	Amount of contribution (\$) \$50-
Contributor address; City; State; Zip Code 2734 Hidden Lake Dr. Grapevine TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelli Swientek	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 1900 N. POA Ct. Grapevine TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andy Tucker	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 4611 Carriage Dr. Colleyville TX 76051		
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.

54

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 1

2 FILER NAME *David Stine* 3 Filer ID (Ethics Commission Filers)

4 Date *4/16/22* 5 Full name of contributor out-of-state PAC (ID#: _____) *Robert Donahue* 7 Amount of contribution (\$) *\$25*
6 Contributor address; City; State; Zip Code *1414 Laguna Vista Way Grapevine TX 76051*

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

Date *4/19/22* Full name of contributor out-of-state PAC (ID#: _____) *Trevor Putman* Amount of contribution (\$) *\$50-*
Contributor address; City; State; Zip Code *528 Post Oak Rd Grapevine TX 76051*

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

Date *4/20/22* Full name of contributor out-of-state PAC (ID#: _____) *Michael Quinn* Amount of contribution (\$) *\$50*
Contributor address; City; State; Zip Code *1836 Greenhauca Ln Grapevine TX 76051*

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

Date *4/20/22* Full name of contributor out-of-state PAC (ID#: _____) *Mindy Russell* Amount of contribution (\$) *\$100-*
Contributor address; City; State; Zip Code *1805 Camden Green 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.

6/4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME <i>David Stine</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/21/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephanie + Peter Shukis</i>	7 Amount of contribution (\$) <i>\$50</i>
6 Contributor address; City; State; Zip Code <i>3345 Kusbak Dr. Grapevine TX 76051</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/25/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melissa Tacconi</i>	Amount of contribution (\$) <i>\$25</i>
Contributor address; City; State; Zip Code <i>3514 Edgely Hill St. Grapevine TX 76051</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/25/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amy Tomlenson</i>	Amount of contribution (\$) <i>\$100-</i>
Contributor address; City; State; Zip Code <i>7101 Jefferson Cir Colleyville TX 76034</i>		
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)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Stein</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/14</i>	5 Payee name <i>Quik Prok</i>
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6 Amount (\$) <i>\$26.65</i>	7 Payee address; <i>2632 Manne 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 <i>4/18</i>	Payee name <i>Milk Room</i>
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Amount (\$) <i>\$274.86</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 <i>4/25</i>	Payee name <i>Academy Sports</i>
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Amount (\$) <i>\$106.73</i>	Payee address; <i>1523 Stately Hwy 114 Grapevine TX 76051</i>	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Polling Expense</i>	Description <i>food + Chair</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

2/2

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		3 Filer ID (Ethics Commission Filers)	
4 Date 4/25/22		5 Payee name Tractor Supply			
6 Amount (\$) 4121.51		7 Payee address; City; State; Zip Code 1701 N. US 377 Roanoke TX 74262			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Posts		
	<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	
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 held	
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 held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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 | Printing 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) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME <i>David Stone</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ <i>2408.56</i>
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5 Date <i>4/11/22</i>	6 Payee name <i>91 Designes</i>
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7 Amount (\$) <i>\$2408.56</i>	8 Payee address; <i>4115 Steeple Chase Dr. Colleyville TX 76034</i>	City;	State;	Zip Code
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Designes</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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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 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