





# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$S1,601.17
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$S1,802.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$S0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$S0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$S1,258.64
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$S0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$S0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$S0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$S0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$S0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$S0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$S0.00

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 9
<b>2</b> FILER NAME Stephanie Gardella		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/01/2022	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) Albert Couffer <b>6</b> Contributor address; City; State; Zip Code [REDACTED] Arlington WA 98223	<b>7</b> Amount of contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Truck driver		<b>9</b> Employer (See Instructions) DTG
<b>Date</b> 07/02/2022	<b>Full name of contributor</b> <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Santa Maria <b>Contributor address;</b> City; State; Zip Code [REDACTED] Portland OR 97211	<b>Amount of contribution (\$)</b> \$1.00
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b>
<b>Date</b> 07/02/2022	<b>Full name of contributor</b> <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) Christi Amrine <b>Contributor address;</b> City; State; Zip Code [REDACTED] Lake Stevens WA 98258	<b>Amount of contribution (\$)</b> \$25.00
<b>Principal occupation / Job title (See Instructions)</b> Planner		<b>Employer (See Instructions)</b> Government
<b>Date</b> 07/05/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Tipton <b>Contributor address;</b> City; State; Zip Code [REDACTED] Lubbock TX 79414-4411	<b>Amount of contribution (\$)</b> \$4.17
<b>Principal occupation / Job title (See Instructions)</b> unknown		<b>Employer (See Instructions)</b>

**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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 9
<b>2</b> FILER NAME Stephanie Gardella		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/09/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Turner <b>6</b> Contributor address; City; State; Zip Code [REDACTED] Flower Mound TX 75028	<b>7</b> Amount of contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Recruiter		<b>9</b> Employer (See Instructions) Kbic
<b>Date</b> 07/10/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenny Weems <b>Contributor address;</b> City; State; Zip Code [REDACTED] Little Elm TX 75068	<b>Amount of contribution (\$)</b> \$30.00
<b>Principal occupation / Job title (See Instructions)</b> Client Manager		<b>Employer (See Instructions)</b> Hensley CPA firm
<b>Date</b> 10/11/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana Weitzel <b>Contributor address;</b> City; State; Zip Code [REDACTED] Dallas TX 75287	<b>Amount of contribution (\$)</b> \$25.00
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b> Diana Weitzel & Associates
<b>Date</b> 07/12/2022	<b>Full name of contributor</b> <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) Dayna Baker <b>Contributor address;</b> City; State; Zip Code [REDACTED] Edmonds WA 98026	<b>Amount of contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Billing Manager		<b>Employer (See Instructions)</b> North Star Chiropractic
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 9
<b>2</b> FILER NAME Stephanie Gardella		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/12/2022	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Matteucci <b>6</b> Contributor address; City; State; Zip Code [REDACTED] Woodinville WA 98072	<b>7</b> Amount of contribution (\$) \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Analyst		<b>9</b> Employer (See Instructions) Boeing
<b>Date</b> 07/12/2022	<b>Full name of contributor</b> <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) Deanna Sanders <b>Contributor address;</b> City; State; Zip Code [REDACTED] Lynnwood WA 98036	<b>Amount of contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Educator		<b>Employer (See Instructions)</b> Edmonds ISD
<b>Date</b> 07/12/2022	<b>Full name of contributor</b> <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) Christine Hanna <b>Contributor address;</b> City; State; Zip Code [REDACTED] Jacksonville FL 32225	<b>Amount of contribution (\$)</b> \$25.00
<b>Principal occupation / Job title (See Instructions)</b> Practice Director		<b>Employer (See Instructions)</b> Consulting Solutions Inc
<b>Date</b> 10/13/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Danielle Aparicio <b>Contributor address;</b> City; State; Zip Code [REDACTED] Oak Point TX 75068	<b>Amount of contribution (\$)</b> \$15.00
<b>Principal occupation / Job title (See Instructions)</b> Hair Stylist		<b>Employer (See Instructions)</b> Studio 720
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 9
<b>2</b> FILER NAME Stephanie Gardella		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/13/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trish Reyes <b>6</b> Contributor address; City; State; Zip Code [REDACTED] Little Elm TX 75068	<b>7</b> Amount of contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 10/14/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francine Ly Contributor address; City; State; Zip Code [REDACTED] Irving TX 75063	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Court Coordinator		Employer (See Instructions) Dallas County
Date 07/14/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ana Moreira Contributor address; City; State; Zip Code [REDACTED] Carrollton TX 75006	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions)
Date 07/17/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethany Keeler Contributor address; City; State; Zip Code [REDACTED] Frisco TX 75033	Amount of contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 9
<b>2</b> FILER NAME Stephanie Gardella		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 07/29/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramona Thompson <b>6</b> Contributor address; City; State; Zip Code [REDACTED] Frisco TX 75036	<b>7</b> Amount of contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
<b>Date</b> 10/29/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Shapiro <b>Contributor address;</b> City; State; Zip Code [REDACTED] The Colony TX 75056	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Student		<b>Employer (See Instructions)</b>
<b>Date</b> 08/02/2022	<b>Full name of contributor</b> <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Santa Maria <b>Contributor address;</b> City; State; Zip Code [REDACTED] Portland OR 97211	<b>Amount of contribution (\$)</b> \$1.00
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b>
<b>Date</b> 10/11/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Tipton <b>Contributor address;</b> City; State; Zip Code [REDACTED] Lubbock TX 79414-4411	<b>Amount of contribution (\$)</b> \$15.00
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 9
<b>2</b> FILER NAME Stephanie Gardella		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/14/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rachel Manning <b>6</b> Contributor address; City; State; Zip Code [REDACTED] Frisco TX 75034	<b>7</b> Amount of contribution (\$) \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
<b>Date</b> 08/16/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Amber Briggle <b>Contributor address;</b> City; State; Zip Code [REDACTED] Denton TX 76207	<b>Amount of contribution (\$)</b> \$25.00
<b>Principal occupation / Job title (See Instructions)</b> Business Owner		<b>Employer (See Instructions)</b> Soma Massage Therapy
<b>Date</b> 10/17/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethany Keeler <b>Contributor address;</b> City; State; Zip Code [REDACTED] Frisco TX 75033	<b>Amount of contribution (\$)</b> \$5.00
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b>
<b>Date</b> 10/24/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Taryn Shapiro <b>Contributor address;</b> City; State; Zip Code [REDACTED] The Colony TX 75056	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Administration		<b>Employer (See Instructions)</b> Equitable Advisors
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 9
<b>2</b> FILER NAME Stephanie Gardella		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/26/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debbie Jackson  <b>6</b> Contributor address; City; State; Zip Code [REDACTED] Rockwall TX 75087	<b>7</b> Amount of contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Self		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 09/04/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Lustgarten  <b>Contributor address;</b> City; State; Zip Code [REDACTED] Denton TX 76207	<b>Amount of contribution (\$)</b> \$300.00
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b>
<b>Date</b> 09/07/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Patsy Hutton  <b>Contributor address;</b> City; State; Zip Code [REDACTED] Denton TX 76209	<b>Amount of contribution (\$)</b> \$25.00
<b>Principal occupation / Job title (See Instructions)</b> CPA		<b>Employer (See Instructions)</b> Self
<b>Date</b> 09/14/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaye Cullum  <b>Contributor address;</b> City; State; Zip Code [REDACTED] Mystic CT 06355	<b>Amount of contribution (\$)</b> \$50.00
<b>Principal occupation / Job title (See Instructions)</b> Mgmt		<b>Employer (See Instructions)</b> BBW
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 9
<b>2</b> FILER NAME Stephanie Gardella		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/15/2022	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nyra Muse <b>6</b> Contributor address; City; State; Zip Code [REDACTED] The Colony TX 75056	<b>7</b> Amount of contribution (\$) \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Operations Team Manager		<b>9</b> Employer (See Instructions) BOA
<b>Date</b> 09/17/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethany Keeler <b>Contributor address;</b> City; State; Zip Code [REDACTED] Frisco TX 75033	<b>Amount of contribution (\$)</b> \$5.00
<b>Principal occupation / Job title (See Instructions)</b> Not Employed		<b>Employer (See Instructions)</b>
<b>Date</b> 09/21/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Dooling <b>Contributor address;</b> City; State; Zip Code [REDACTED] Carrollton TX 75006	<b>Amount of contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Information Security		<b>Employer (See Instructions)</b> BOA
<b>Date</b> 09/22/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ana Moreira <b>Contributor address;</b> City; State; Zip Code [REDACTED] Carrollton TX 75006	<b>Amount of contribution (\$)</b> \$40.00
<b>Principal occupation / Job title (See Instructions)</b> Executive Assistant		<b>Employer (See Instructions)</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
9

**2** FILER NAME  
Stephanie Gardella

**3** Filer ID (Ethics Commission Filers)

**4** Date  
09/24/2022

**5** Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Colin Cotter

**7** Amount of contribution (\$)  
\$25.00

**6** Contributor address; City; State; Zip Code  
[REDACTED] Frisco TX 75033

**8** Principal occupation / Job title (See Instructions)  
Pet Groomer

**9** Employer (See Instructions)  
Self

Date  
09/24/2022

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Amber Briggle

Amount of contribution (\$)  
\$25.00

Contributor address; City; State; Zip Code  
[REDACTED] Denton TX 76207

Principal occupation / Job title (See Instructions)  
Business Owner

Employer (See Instructions)  
Soma Massage Therapy

Date  
09/28/2022

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Lisa Magee

Amount of contribution (\$)  
\$50.00

Contributor address; City; State; Zip Code  
[REDACTED] The Colony TX 75056

Principal occupation / Job title (See Instructions)  
CPA

Employer (See Instructions)  
Self

Date

Full name of contributor  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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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: 1	
<b>2</b> FILER NAME Stephanie Gardella		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$2.00	
<b>5</b> Date 09/01/2022	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steward Printing	<b>8</b> Amount of Contribution \$ \$800.00	<b>9</b> In-kind contribution description Signs
<b>7</b> Contributor address; City; State; Zip Code [REDACTED] Dallas TX 75238		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See Instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>Date</b> 09/14/2022	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Denton Together	<b>Amount of Contribution \$</b> \$1,000.00	<b>In-kind contribution description</b> Texting Campaign
<b>Contributor address;</b> City; State; Zip Code [REDACTED] Frisco TX 75036		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</b>		<b>Employer (FOR NON-JUDICIAL) (See Instructions)</b>	
<b>Contributor's principal occupation (FOR JUDICIAL)</b>		<b>Contributor's job title (FOR JUDICIAL) (See Instructions)</b>	
<b>Contributor's employer/law firm (FOR JUDICIAL)</b>		<b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>	
<b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>			

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 7		<b>2</b> FILER NAME Stephanie Gardella		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 07/10/2022		<b>5</b> Payee name Bank Of America			
<b>6</b> Amount (\$) \$16.00		<b>7</b> Payee address; City; State; Zip Code 100 North Tryon Street Charlotte NC 28255			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) AccountingBanking		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 07/11/2022		Payee name Texas Democratic Party			
Amount (\$) \$153.33		Payee address; City; State; Zip Code PO Box 15707 Austin TX 78761			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Other		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 07/26/2022		Payee name Denton County Grassroots Consulting			
Amount (\$) \$250.00		Payee address; City; State; Zip Code 5500 Del Ray Dr Denton TX 76208			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) ConsultingExpense		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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 7		<b>2</b> FILER NAME Stephanie Gardella		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 08/01/2022		<b>5</b> Payee name Bank Of America			
<b>6</b> Amount (\$) \$16.00		<b>7</b> Payee address; City; State; Zip Code 100 North Tryon Street Charlotte NC 28255			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) AccountingBanking		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 08/05/2022		Payee name Yvette Rodriguez-Tollerson			
Amount (\$) \$280.00		Payee address; City; State; Zip Code 3111 Creekridge Ct Sachse TX 75048			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) PrintingExpense		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 09/01/2022		Payee name Bank Of America			
Amount (\$) \$16.00		Payee address; City; State; Zip Code 100 North Tryon Street Charlotte SC 28255			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) AccountingBanking		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 7		<b>2</b> FILER NAME Stephanie Gardella		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/02/2022		<b>5</b> Payee name North Texas Pride Foundation			
<b>6</b> Amount (\$) \$200.00		<b>7</b> Payee address; City; State; Zip Code PO Box 866971 Plano TX 75024			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) EventExpense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 09/15/2022		Payee name Tractor Supply Co			
Amount (\$) \$134.85		Payee address; City; State; Zip Code 600 S. Oklahoma Dr. Celina TX 75009			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) AdvertisingExpense		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 09/23/2022		Payee name Vista Print			
Amount (\$) \$111.48		Payee address; City; State; Zip Code 275 Wyman Street Waltham MA 02451			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) PrintingExpense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 7		<b>2</b> FILER NAME Stephanie Gardella		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 07/03/2022		<b>5</b> Payee name ActBlue			
<b>6</b> Amount (\$) \$4.98		<b>7</b> Payee address; City; State; Zip Code 366 Summer St Somerville MA 79880			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 07/10/2022		Payee name ActBlue			
Amount (\$) \$3.34		Payee address; City; State; Zip Code 366 Summer St Somerville MA 79880			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Fees		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 07/17/2022		Payee name ActBlue			
Amount (\$) \$11.49		Payee address; City; State; Zip Code 366 Summer St Somerville MA 79880			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME Stephanie Gardella	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date 07/31/2022	<b>5</b> Payee name ActBlue			
<b>6</b> Amount (\$) \$4.94	<b>7</b> Payee address; City; State; Zip Code 366 Summer St Somerville MA 79880			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 08/07/2022	Payee name ActBlue			
Amount (\$) \$0.04	Payee address; City; State; Zip Code 366 Summer St Somerville MA 79880			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 08/14/2022	Payee name ActBlue			
Amount (\$) \$1.59	Payee address; City; State; Zip Code 366 Summer St Somerville MA 79880			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 7		<b>2</b> FILER NAME Stephanie Gardella		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 08/21/2022		<b>5</b> Payee name ActBlue			
<b>6</b> Amount (\$) \$1.19		<b>7</b> Payee address; City; State; Zip Code 366 Summer St Somerville MA 79880			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 08/28/2022		Payee name ActBlue			
Amount (\$) \$7.90		Payee address; City; State; Zip Code 366 Summer St Somerville MA 79880			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Fees		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 09/04/2022		Payee name ActBlue			
Amount (\$) \$11.85		Payee address; City; State; Zip Code 366 Summer St Somerville MA 79880			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME Stephanie Gardella	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date 09/11/2022	<b>5</b> Payee name ActBlue			
<b>6</b> Amount (\$) \$0.99	<b>7</b> Payee address; City; State; Zip Code 366 Summer St Somerville MA 79880			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 09/18/2022	Payee name ActBlue			
Amount (\$) \$4.16	Payee address; City; State; Zip Code 366 Summer St Somerville MA 79880			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 09/25/2022	Payee name ActBlue			
Amount (\$) \$7.51	Payee address; City; State; Zip Code 366 Summer St Somerville MA 79880			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Candidate / Officeholder name</td> <td style="width:25%; border:none;">Office sought</td> <td style="width:25%; border:none;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought
Candidate / Officeholder name	Office sought	Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

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