

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

|   |  |  |   |                                   |  |  |               |                |   |                |  |
|---|--|--|---|-----------------------------------|--|--|---------------|----------------|---|----------------|--|
| The C/OH Instruction Guide explains how to complete this form.                                      |  | <b>1</b> Filer ID (Ethics Commission Filers) |   | <b>2</b> Total pages filed:<br>26 |  |  |               |                |   |                |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR  | FIRST<br>Kathy                               | MI  | <b>OFFICE USE ONLY</b>            |  |  |               |                |   |                |  |
|   | NICKNAME   | LAST<br>Stewart                              | SUFFIX  |                                   |  |  |               |                |   |                |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>PO Box: 550881 Dallas TX 75355   |  |   | Date Received                     |  |  |               |                |   |                |  |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>( 214 ) 632 3643   |  |   |                                   |  | Date Hand-delivered or Date Postmarked |               |                |   |                |  |
| <b>6</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>Mr Kevin   |  |   |                                   |  |  |               |                |   |                |  |
|   | NICKNAME   | LAST   | SUFFIX  | Receipt # Amount \$               |  |  |               |                |   |                |  |
|   | Hickman  |  |   | Date Processed                    |  |  |               |                |   |                |  |
|   |  |  |   | Date Imaged                       |  |  |               |                |   |                |  |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                      | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>9474 Gatetrail Dr. Dallas TX 75238  |  |   |                                   |  |  |               |                |   |                |  |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>( 214 ) 549 3873   |  |   |                                   |  |  |               |                |   |                |  |
| <b>9</b> 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)<br><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</b> PERIOD COVERED  | Month Day Year     Month Day Year<br>01 / 01 / 2023     THROUGH     03 / 27 / 2023   |  |   |                                   |  |  |               |                |   |                |  |
| <b>11</b> ELECTION  | <table style="width:100%;"> <tr> <td style="width: 30%;">ELECTION DATE</td> <td style="width: 70%;">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td> <input type="checkbox"/> Primary     <input type="checkbox"/> Runoff     <input type="checkbox"/> Other Description<br/> <input checked="" type="checkbox"/> General     <input type="checkbox"/> Special         </td> </tr> <tr> <td>05 / 06 / 2023</td> <td></td> </tr> </table> |  |   |                                   |  | ELECTION DATE                          | ELECTION TYPE | Month Day Year | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special | 05 / 06 / 2023 |  |
| ELECTION DATE   | ELECTION TYPE  |  |   |                                   |  |  |               |                |   |                |  |
| Month Day Year  | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special  |  |   |                                   |  |  |               |                |   |                |  |
| 05 / 06 / 2023  |  |  |   |                                   |  |  |               |                |   |                |  |
| <b>12</b> OFFICE  | OFFICE HELD (if any)   |  | <b>13</b> OFFICE SOUGHT (if known)<br>Council District 10 |                                   |  |  |               |                |   |                |  |
| <b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)<br><br><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  
Kathy Stewart

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)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 23875.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 22190.80

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 36986.90

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 10000.00

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.

\*\*\*ELECTRONICALLY CERTIFIED\*\*\*

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 Kathy Stewart, and my date of birth is February 20, 1958.

My address is 9509 Shady Valley, Dallas, TX, 75238, United States.  
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of TX, on the 29th day of March, 20 23.  
(month) (year)

\*\*\*ELECTRONICALLY CERTIFIED\*\*\*

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

**19** FILER NAME

Kathy Stewart

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

**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                                     |  |              |
|-----|-------------------------------------|--|--------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 23,875.00 |
| 2.  | <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 0.00      |
| 3.  | <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0.00      |
| 4.  | <input type="checkbox"/>            | SCHEDULE E: LOANS  | \$ 0.00      |
| 5.  | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 22,190.80 |
| 6.  | <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0.00      |
| 7.  | <input type="checkbox"/>            | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0.00      |
| 8.  | <input type="checkbox"/>            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0.00      |
| 9.  | <input type="checkbox"/>            | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0.00      |
| 10. | <input type="checkbox"/>            | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0.00      |
| 11. | <input type="checkbox"/>            | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0.00      |
| 12. | <input type="checkbox"/>            | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.00      |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>1 of 20  |
| <b>2</b> FILER NAME<br>Kathy Stewart  |  | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date<br>01/16/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Claudia Goode<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>9757 Wisterwood Dallas, TX 75238 | <b>7</b> Amount of contribution (\$)<br>50.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)          |
| Date<br>01/17/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Frank Stevenson<br><hr/> Contributor address; City; State; Zip Code<br>5346 Weninah Dr. Dallas, TX 75209                | Amount of contribution (\$)<br>100.00         |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                   |
| Date<br>01/20/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Brennan Blair<br><hr/> Contributor address; City; State; Zip Code<br>706 Dumont Dallas, TX 75214                        | Amount of contribution (\$)<br>100.00         |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                   |
| Date<br>01/20/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kile Brown<br><hr/> Contributor address; City; State; Zip Code<br>9611 Crestedge Dallas, TX 75238                       | Amount of contribution (\$)<br>200.00         |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                   |
|   |  |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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:  
2 of 20

2 FILER NAME

Kathy Stewart

3 Filer ID (Ethics Commission Filers)

4 Date

02/04/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bonnie Cavin

7 Amount of contribution (\$)

75.00

6 Contributor address;

10924 Cactus Lane

City;

Dallas, TX 75238

State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/04/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bobby Abtahi

Amount of contribution (\$)

100.00

Contributor address;

1126 N. Zang

City;

Dallas, TX 75203

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/04/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Dean

Amount of contribution (\$)

250.00

Contributor address;

7319 Hundley

City;

Dallas, TX 75231

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/08/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

KP Jennings

Amount of contribution (\$)

200.00

Contributor address;

1787 Angus Ridge Dr.

City;

Kernersville, NC 27284

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.

## 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:<br>3 of 20   |
| 2 FILER NAME<br>Kathy Stewart  |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>02/08/2023   | 5 Full name of contributor<br>Susan Arends<br><input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>6 Contributor address; City; State; Zip Code<br>10149 Trailpine Dr. Dallas, TX 75231   | 7 Amount of contribution (\$)<br>500.00 |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)           |
| Date<br>02/12/2023   | Full name of contributor<br>Christal Moomaw<br><input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code<br>8115 Windy Terrace Cr. Dallas, TX 75231 | Amount of contribution (\$)<br>100.00   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)             |
| Date<br>02/12/2023   | Full name of contributor<br>Patti Clapp<br><input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code<br>8418 Trail Hill Dr. Dallas, TX 75238        | Amount of contribution (\$)<br>50.00    |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)             |
| Date<br>02/12/2023   | Full name of contributor<br>Fred Halstead<br><input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code<br>130 Pinnacle Club Dr Mabank, TX 75156     | Amount of contribution (\$)<br>250.00   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)             |
|  |   |   |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>4 of 20   |
| <b>2</b> FILER NAME<br>Kathy Stewart  |  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>02/12/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Donna Halstead<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>130 Pinnacle Club Dr Mabank, TX 75156 | <b>7</b> Amount of contribution (\$)<br>250.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)           |
| Date<br>02/12/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cox Michael<br><hr/> Contributor address; City; State; Zip Code<br>6007 Glencove St Houston, TX 77007                         | Amount of contribution (\$)<br>1000.00         |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br>02/15/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Glenda Gerteisen<br><hr/> Contributor address; City; State; Zip Code<br>9920 Robin Hill Lane Dallas, TX 75238                 | Amount of contribution (\$)<br>100.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br>02/15/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Dallas Dupre<br><hr/> Contributor address; City; State; Zip Code<br>9310 Emberglow Lane Dallas, TX 75243                      | Amount of contribution (\$)<br>100.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
|   |  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1:  
5 of 20

2 FILER NAME

Kathy Stewart

3 Filer ID (Ethics Commission Filers)

4 Date

02/15/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Maxey Kitty

7 Amount of contribution (\$)

100.00

6 Contributor address;

9207 Shoreview Rd.

City;

Dallas, TX 75238

State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/15/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Connie Baird

Amount of contribution (\$)

50.00

Contributor address;

9603 Viewside

City;

Dallas, TX 75231

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/15/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jackie Counts

Amount of contribution (\$)

100.00

Contributor address;

9615 Viewside Dr.

City;

Dallas, TX 75231

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/15/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mary Tabor

Amount of contribution (\$)

250.00

Contributor address;

7405 Craigshire

City;

Dallas, TX 75231

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule A1:<br>6 of 20   |
| <b>2</b> FILER NAME<br>Kathy Stewart  |   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>02/15/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Alan Walne<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>10020 Caribou Trail Dallas, TX 75238 | <b>7</b> Amount of contribution (\$)<br>250.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |   | <b>9</b> Employer (See Instructions)           |
| Date<br>02/15/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pete Schenkel<br><hr/> Contributor address; City; State; Zip Code<br>4231 Belclaire Ave Dallas, TX 75205                 | Amount of contribution (\$)<br>250.00          |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
| Date<br>02/15/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jesus Montfort<br><hr/> Contributor address; City; State; Zip Code<br>1610 Hyland Greens Dr. Grapevine, TX 76051         | Amount of contribution (\$)<br>1000.00         |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
| Date<br>02/15/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jane Montfort<br><hr/> Contributor address; City; State; Zip Code<br>1610 Hyland Greens Dr. Grapevine, TX 76051          | Amount of contribution (\$)<br>1000.00         |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
|   |   |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
7 of 20

2 FILER NAME

Kathy Stewart

3 Filer ID (Ethics Commission Filers)

4 Date

02/15/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mary Vasquez

7 Amount of contribution (\$)

1000.00

6 Contributor address;

1709 East Ave

City;

Katy, TX 77493

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/15/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Gilbert Aranza

Amount of contribution (\$)

1000.00

Contributor address;

P.O. Box 601527

City;

Dallas, TX 75360

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/15/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Locke Lord LLP

Amount of contribution (\$)

1000.00

Contributor address;

2200 Ross Ave 2200

City;

Dallas, TX 75201

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/16/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Robin Crawford

Amount of contribution (\$)

500.00

Contributor address;

10025 Estate Lane

City;

Dallas, TX 75238

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:  
8 of 20

**2** FILER NAME

Kathy Stewart

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

**4** Date

02/16/2023

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Paul Peters

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

500.00

**6** Contributor address;

3905 Centenary Ave

City;

Dallas, TX 75225

State;

Zip Code

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

**9** Employer (See Instructions)

Date

02/16/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Deette Peters

Amount of contribution (\$)

500.00

Contributor address;

3905 Centenary Ave

City;

Dallas, TX 75225

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/16/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lynn McClendon

Amount of contribution (\$)

100.00

Contributor address;

9030 Dunmore Dr.

City;

Dallas, TX 75231

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/16/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jane McCurdy

Amount of contribution (\$)

25.00

Contributor address;

9339 Faircrest

City;

Dallas, TX 75238

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule A1:<br>9 of 20    |
| <b>2</b> FILER NAME<br>Kathy Stewart  |   | <b>3</b> Filer ID (Ethics Commission Filers)    |
| <b>4</b> Date<br>02/18/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Eleanor Haussler<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>9062 Ridgeway Close Cincinnati, OH 45236 | <b>7</b> Amount of contribution (\$)<br>1000.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |   | <b>9</b> Employer (See Instructions)            |
| Date<br>02/18/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Trudy Sanders<br><hr/> Contributor address; City; State; Zip Code<br>8916 Vista View Dallas, TX 75243                              | Amount of contribution (\$)<br>100.00           |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                     |
| Date<br>02/20/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jerry Allen<br><hr/> Contributor address; City; State; Zip Code<br>9426 Dartcrest Dallas, TX 75238                                 | Amount of contribution (\$)<br>1000.00          |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                     |
| Date<br>02/20/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cinda Koch<br><hr/> Contributor address; City; State; Zip Code<br>9907 Capridge Dallas, TX 75238                                   | Amount of contribution (\$)<br>1000.00          |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                     |
|   |   |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |   |

## SCHEDULE A1

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

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|--|---|---|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule A1:<br>10 of 20  |
| 2 FILER NAME<br>Kathy Stewart  |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>02/20/2023   | 5 Full name of contributor<br>Lelani Bucki<br><input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>6 Contributor address; City; State; Zip Code<br>8056 Forest Trail Dallas, TX 75238 | 7 Amount of contribution (\$)<br>100.00 |
| 8 Principal occupation / Job title (See Instructions)  |   | 9 Employer (See Instructions)           |
| Date<br>02/24/2023   | Full name of contributor<br>Katherine Slade<br><input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code<br>5328 Waneta Dr Dallas, TX 75209     | Amount of contribution (\$)<br>250.00   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)             |
| Date<br>02/24/2023   | Full name of contributor<br>Cliff Whisnant<br><input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code<br>8727 Thunderbird Ln Dallas, TX 75238 | Amount of contribution (\$)<br>50.00    |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)             |
| Date<br>02/24/2023   | Full name of contributor<br>Judith Canion<br><input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code<br>9715 Windham Dallas, TX 75243         | Amount of contribution (\$)<br>50.00    |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)             |
|  |   |   |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>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.

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|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>11 of 20  |
| <b>2</b> FILER NAME<br>Kathy Stewart  |  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>02/26/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kelly Klemme<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>9525 Milltrail Dallas, TX 75238 | <b>7</b> Amount of contribution (\$)<br>250.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)           |
| Date<br>02/26/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Eileen Cason<br><hr/> Contributor address; City; State; Zip Code<br>9133 Loma Vista Dallas, TX 75243                  | Amount of contribution (\$)<br>25.00           |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br>02/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Phillip Gorman<br><hr/> Contributor address; City; State; Zip Code<br>10139 Bettywood Ln Dallas, TX 75243             | Amount of contribution (\$)<br>250.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br>02/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mary Browder<br><hr/> Contributor address; City; State; Zip Code<br>9840 Elmcrest Dallas, TX 75238                    | Amount of contribution (\$)<br>100.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
|   |  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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.

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|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule A1:<br>12 of 20 |
| <b>2</b> FILER NAME<br>Kathy Stewart  |   | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date<br>02/28/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>John Threadgill<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>9104 Kingsley Creek Cr Dallas, TX 75231 | <b>7</b> Amount of contribution (\$)<br>50.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |   | <b>9</b> Employer (See Instructions)          |
| Date<br>02/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Preston Walhood<br><hr/> Contributor address; City; State; Zip Code<br>5319 W. University Blvd Dallas, TX 75209                  | Amount of contribution (\$)<br>250.00         |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                   |
| Date<br>02/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Eileen Cason<br><hr/> Contributor address; City; State; Zip Code<br>9133 Loma Vista Dallas, TX 75243                             | Amount of contribution (\$)<br>75.00          |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                   |
| Date<br>02/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>William Whitehill<br><hr/> Contributor address; City; State; Zip Code<br>747 Meadowlark Ln Coppell, TX 75019                     | Amount of contribution (\$)<br>100.00         |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                   |
|   |   |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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.

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|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule A1:<br>13 of 20  |
| <b>2</b> FILER NAME<br>Kathy Stewart  |   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>03/01/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jo Baggett<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>10116 Estate Lane Dallas, TX 75238 | <b>7</b> Amount of contribution (\$)<br>300.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |   | <b>9</b> Employer (See Instructions)           |
| Date<br>03/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Harriet Miers<br><hr/> Contributor address; City; State; Zip Code<br>12076 Tavel Circle Dallas, TX 75230               | Amount of contribution (\$)<br>1000.00         |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
| Date<br>03/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lori Bradley<br><hr/> Contributor address; City; State; Zip Code<br>7909 Briar Brook Ct. Dallas, TX 75218              | Amount of contribution (\$)<br>150.00          |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
| Date<br>03/02/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mike Rosamond<br><hr/> Contributor address; City; State; Zip Code<br>6839 Colfax Dr. Dallas, TX 75231                  | Amount of contribution (\$)<br>275.00          |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |  |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule A1:<br>14 of 20 |
| <b>2</b> FILER NAME<br>Kathy Stewart  |   | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date<br>03/05/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jim Rain<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>2200 Ross Ave Dallas, TX 75201 | <b>7</b> Amount of contribution (\$)<br>25.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |   | <b>9</b> Employer (See Instructions)          |
| Date<br>03/08/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Diana Baker<br><hr/> Contributor address; City; State; Zip Code<br>8515 Greenville Ave Dallas, TX 75243          | Amount of contribution (\$)<br>100.00         |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                   |
| Date<br>03/08/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Carole Rylander<br><hr/> Contributor address; City; State; Zip Code<br>6873 Blackwood Dr Dallas, TX 75231        | Amount of contribution (\$)<br>100.00         |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                   |
| Date<br>03/10/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Neal Sleeper<br><hr/> Contributor address; City; State; Zip Code<br>3374 Blackburn St Dallas, TX 75204           | Amount of contribution (\$)<br>250.00         |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                   |
|   |   |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>  |   | <b>1</b> Total pages Schedule A1:<br>15 of 20  |
| <b>2</b> FILER NAME<br>Kathy Stewart  |   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>03/10/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Shannon McCord<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>7704 Lemmonwood Dallas, TX 75231 | <b>7</b> Amount of contribution (\$)<br>100.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |   | <b>9</b> Employer (See Instructions)           |
| Date<br>03/10/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jim Lomonaco<br><hr/> Contributor address; City; State; Zip Code<br>8643 Richardson Branch Tr Dallas, TX 75243           | Amount of contribution (\$)<br>100.00          |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
| Date<br>03/10/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Patsy Camp<br><hr/> Contributor address; City; State; Zip Code<br>9116 Whitehurst Dallas, TX 75243                       | Amount of contribution (\$)<br>50.00           |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
| Date<br>03/10/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Allison Griffin<br><hr/> Contributor address; City; State; Zip Code<br>9635 Lanshire Dallas, TX 75238                    | Amount of contribution (\$)<br>1000.00         |
| Principal occupation / Job title (See Instructions)   |   | Employer (See Instructions)                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>16 of 20  |
| <b>2</b> FILER NAME<br>Kathy Stewart  |  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>03/14/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Joseph North<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>10868 Caprock Circle Dallas, TX 75218 | <b>7</b> Amount of contribution (\$)<br>100.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)           |
| Date<br>03/18/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Richard Duge<br><hr/> Contributor address; City; State; Zip Code<br>9644 Trailview Dallas, TX 75238                         | Amount of contribution (\$)<br>500.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br>03/19/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jon Alspaw<br><hr/> Contributor address; City; State; Zip Code<br>9102 Locarno Dallas, TX 75243                             | Amount of contribution (\$)<br>250.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br>03/21/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Walter Dunlap<br><hr/> Contributor address; City; State; Zip Code<br>P.O. Box 74313 Dallas, TX 75374                        | Amount of contribution (\$)<br>250.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
|   |  |  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |  |

## SCHEDULE A1

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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:  
18 of 20

2 FILER NAME

Kathy Stewart

3 Filer ID (Ethics Commission Filers)

4 Date

03/26/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Patricia Rooney

7 Amount of contribution (\$)

50.00

6 Contributor address;

8035 Nimrod

City;

Dallas, TX 75238

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/26/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Robert Irby

Amount of contribution (\$)

100.00

Contributor address;

10030 Lakemere Dr

City;

Dallas, TX 75238

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Taama Forasiepe

Amount of contribution (\$)

100.00

Contributor address;

8014 Nimord Trail

City;

Dallas, TX 75238

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2023

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Morrow Jr

Amount of contribution (\$)

25.00

Contributor address;

8522 Stable Glen Dr

City;

Dallas, TX 75243

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>19 of 20   |
| <b>2</b> FILER NAME<br>Kathy Stewart  |  | <b>3</b> Filer ID (Ethics Commission Filers)    |
| <b>4</b> Date<br>03/27/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lee Halford Jr<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>9623 Viewside Dr Dallas, TX 75231 | <b>7</b> Amount of contribution (\$)<br>1000.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)            |
| Date<br>03/27/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Leopard Viola LLC<br><hr/> Contributor address; City; State; Zip Code<br>1901 N. Akard St Dallas, TX 75201                | Amount of contribution (\$)<br>1000.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                     |
| Date<br>03/18/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Charles Myers<br><hr/> Contributor address; City; State; Zip Code<br>10336 Trailcliff Dr Dallas, TX 75238                 | Amount of contribution (\$)<br>250.00           |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                     |
| Date<br>03/25/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Glenda Miller<br><hr/> Contributor address; City; State; Zip Code<br>9624 Robin Meadow Dr Dallas, TX 75243                | Amount of contribution (\$)<br>150.00           |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                     |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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.

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|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:<br>20 of 20  |
| <b>2</b> FILER NAME<br>Kathy Stewart  |  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>03/25/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Barkley Miller<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>9624 Robin Meadow Dr Dallas, TX 75243 | <b>7</b> Amount of contribution (\$)<br>150.00 |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)           |
| Date<br>03/25/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Geoffrey Polma<br><hr/> Contributor address; City; State; Zip Code<br>6133 Crestmont Dallas, TX 75214                         | Amount of contribution (\$)<br>100.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date<br>03/26/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Rita Cox<br><hr/> Contributor address; City; State; Zip Code<br>7129 Tabor Dr Dallas, TX 75231                                | Amount of contribution (\$)<br>150.00          |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><hr/> Contributor address; City; State; Zip Code  | Amount of contribution (\$)                    |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |  |

# 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  
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:<br>1 of 3                         | <b>2</b> FILER NAME<br>Kathy Stewart   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>01/03/2023   | <b>5</b> Payee name<br>Clayton Henry   |  |
| <b>6</b> Amount (\$)<br>3000.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>9109 Moss Trail Dallas, TX 75231  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense  | <b>(b)</b> Description<br>Political Consulting |
|   | <b>(c)</b> <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<br>02/15/2023  | Payee name<br>Clayton Henry  |  |
| Amount (\$)<br>3000.00  | Payee address; City; State; Zip Code<br>9109 Moss Trail Dallas, TX 75231   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Consulting Expense   | Description<br>Political Consulting            |
|   | <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<br>03/02/2023  | Payee name<br>Clayton Henry  |  |
| Amount (\$)<br>3000.00  | Payee address; City; State; Zip Code<br>9109 Moss Trail Dallas, TX 75231   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Consulting Expense   | Description<br>Political Consulting            |
|   | <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  
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:<br>2 of 3                         | <b>2</b> FILER NAME<br>Kathy Stewart   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>01/03/2023   | <b>5</b> Payee name<br>Graphics Management   |  |
| <b>6</b> Amount (\$)<br>6058.17                                     | <b>7</b> Payee address; City; State; Zip Code<br>9109 Moss Trail Dallas, TX 75231  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense  | <b>(b)</b> Description<br>Campaign materials |
|   | <b>(c)</b> <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<br>03/02/2023  | Payee name<br>Graphics Management  |  |
| Amount (\$)<br>3777.43  | Payee address; City; State; Zip Code<br>9109 Moss Trail Dallas, TX 75231   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Printing Expense   | Description<br>Campaign materials            |
|   | <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<br>03/21/2023  | Payee name<br>Bodell Communications  |  |
| Amount (\$)<br>1200.00  | Payee address; City; State; Zip Code<br>9611 Faircrest Dallas, TX 75238  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Consulting Expense   | Description<br>Communications                |
|   | <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                    |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>          |  |  |

# 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  
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:<br>3 of 3                         | <b>2</b> FILER NAME<br>Kathy Stewart   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> Date<br>03/27/2023   | <b>5</b> Payee name<br>Murphy Nasica   |  |
| <b>6</b> Amount (\$)<br>1500.00                                     | <b>7</b> Payee address; City; State; Zip Code<br>919 Congress Ave Austin, TX 78701   |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense  | <b>(b)</b> Description<br>Political Consulting |
|   | <b>(c)</b> <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<br>03/27/2023  | Payee name<br>Anedot   |  |
| Amount (\$)<br>655.20   | Payee address; City; State; Zip Code<br>1340 Poydras St New Orleans, LA 70112  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Fees   | Description<br>Digital Fundraising Expense     |
|   | <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 (\$)   | Payee address; City; State; Zip Code   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | 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                      |

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