CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethi	cs Commission Filers)	2 Total pages filed:			I OFFIC	CE USE ONLY
	00090751		28			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRO	NICALLY FILED
	OFFICEHOLDER NAME		Stephanie M			10/27/2022	2
		NICKNAME	LAST		SUFFIX		
			Bazan			Date Hand-deliv	ered or Date Postmarked
4	ORIGINAL	January 15	Runoff	Otl	ner (specify)	Date Fland deliv	ered of Bate i ostinarica
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		X 30th day before election	15th day after cam				
		8th day before election	appointment (office	• • •		Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	<u> </u>	Month Day	Year		
J	COVERED	07/01/2022	THROUGH	09/29/20		Date Imaged	
6	EXPLANATION OF C			03/23/20			
-		three campaign contribution	ons over \$200 in the re	norting period the	at did not have o	ccunation/employe	er listed. We've correc
7	AFFIDAVIT			ear, or affirm, unc correct.	ler penalty of pe	rjury, that this corr	ected report is true
7	AFFIDAVIT		and	correct.	, , ,	rjury, that this corr Dlicable statements	·
7	AFFIDAVIT		and	correct. ck the box next to Semiannual re was made in go	o any and all app ports: I swea od faith and with		s: original report islead or to
7	AFFIDAVIT		and	correct. ck the box next to Semiannual re was made in go misrepresent the Other reports: report not later t that the report a	ports: I swea od faith and with e information co I swear, or afthan the 14th bu s originally filed that any error o	olicable statements r, or affirm that the nout an intent to m	e original report islead or to ort. g this corrected the date I learned complete. I
7	AFFIDAVIT		and Che	correct. ck the box next to Semiannual re was made in go misrepresent the Other reports: report not later t that the report a swear, or affirm	ports: I swea od faith and with e information co I swear, or af than the 14th bu s originally filed that any error of in good faith.	olicable statements r, or affirm that the nout an intent to m ntained in the repo firm, that I am filing siness day after th is inaccurate or in	e original report islead or to ort. g this corrected the date I learned complete. I
7		AMD / SEAL ABOVE	and Che	correct. ck the box next to Semiannual re was made in go misrepresent the Other reports: report not later t that the report a swear, or affirm filed was made	ports: I swea od faith and with e information co I swear, or af than the 14th bu s originally filed that any error of in good faith.	olicable statements r, or affirm that the nout an intent to m ntained in the repo firm, that I am filing siness day after th is inaccurate or in- or omission in the r	e original report islead or to ort. g this corrected the date I learned complete. I report as originally
7		AMP / SEAL ABOVE	and Che	correct. ck the box next to Semiannual re was made in go misrepresent the Other reports: report not later t that the report a swear, or affirm filed was made	ports: I swea od faith and with e information co I swear, or af than the 14th bu s originally filed that any error of in good faith.	olicable statements r, or affirm that the nout an intent to m ntained in the repo firm, that I am filing siness day after th is inaccurate or in- or omission in the r	e original report islead or to ort. g this corrected the date I learned complete. I report as originally
7	AFFIX NOTARY ST.	ribed before me, by the sai	and Che □ X	correct. ck the box next to Semiannual re was made in go misrepresent the Other reports: report not later t that the report a swear, or affirm filed was made	ports: I swea od faith and with e information co I swear, or af than the 14th bu is originally filed that any error of in good faith.	olicable statements r, or affirm that the nout an intent to m ntained in the repo- firm, that I am filing siness day after th is inaccurate or in- or omission in the r e M Bazan date or Officeholde	e original report islead or to ort. g this corrected is date I learned complete. I report as originally
7	AFFIX NOTARY ST.		and Che □ X	correct. ck the box next to Semiannual re was made in go misrepresent the Other reports: report not later t that the report a swear, or affirm filed was made	ports: I swea od faith and with e information co I swear, or af than the 14th bu is originally filed that any error of in good faith.	olicable statements r, or affirm that the nout an intent to m ntained in the repo- firm, that I am filing siness day after th is inaccurate or in- or omission in the r e M Bazan date or Officeholde	e original report islead or to ort. g this corrected is date I learned complete. I report as originally
7	AFFIX NOTARY ST.	ribed before me, by the sai	and Che □ X	correct. ck the box next to Semiannual re was made in go misrepresent the Other reports: report not later t that the report a swear, or affirm filed was made	ports: I swea od faith and with e information co I swear, or af than the 14th bu is originally filed that any error of in good faith.	olicable statements r, or affirm that the nout an intent to m ntained in the repo- firm, that I am filing siness day after th is inaccurate or in- or omission in the r e M Bazan date or Officeholde	e original report islead or to ort. g this corrected is date I learned complete. I report as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

www.ethics.state.tx.us

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00090751		2 Total pages file	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Stephanie M		MI	OFFICE U Date Received ELECTRONICA	JSE ONLY
	NICKNAME	LAST Bazan		SUFFIX	10/27/2022	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; AF P.O. BOX 151654	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Receipt #	Date Postmarked Amount
Change of Address	Austin, TX 78715				Date Processed Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Amanda		MI		
	NICKNAME	LAST Eldridge		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO P 7821 Oteka Cv	O BOX PLEASE);	АР	T / SUITE #; CIT	ΓΥ; STA	TE; ZIP CODE
(Residence or Business)	Austin, TX 78735					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (512) 694-6784	ONE NUMBER E	EXTENSION			
B REPORT TYPE	January 15 July 15	X 30th day before		Runoff Exceeded modified reporting limit	15th day after can appointment (offic	eholder only)
9 PERIOD COVERED	Month Day Year 07/01/2022		IROUGH	Month Da 09/29/2		
10 ELECTION	ELECTION DATE Month Day Year 11/08/2022		rimary seneral	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any) None Travis			12 OFFICE SOUG Council Memb		
		GO 1	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 28

13 C / OH NAME	Bazan, Stephanie M		14 Filer ID 00090751	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		 AL CONTRIBUTIONS OF \$50 OR LESS (OTHER 1 ARANTEES OF LOANS), UNLESS ITEMIZED	THAN PLEDGES,	\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 7,674.12
EXPENDITURE TOTALS	3. TOTAL POLITIC	AL EXPENDITURES OF \$100 OR LESS, UNLESS	ITEMIZED	\$ 183.58
	4. TOTAL POLITION	CAL EXPENDITURES		\$ 15,386.49
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L ERIOD	AST DAY OF THE	\$ 42,983.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFADAVIT				
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		Stel	phanie M Bazan	
		Signature of	Candidate or Officehol	lder
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of offic	er administering	Printed name of officer administering	Title of officer	r administering oath

SUBTOTALS - C/OH

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

				4 of 28			
18 FILER NAME Bazan, Steph	nanie M	19 Filer ID 00090751	(Ethics	s Commission Filers)			
20 SCHEDULE SUNAME OF SCH			S	SUBTOTAL AMOUNT			
1. X SO	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,224.12			
2. X SC	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3. SC	3. SCHEDULE B: PLEDGED CONTRIBUTIONS						
4. SC	4. SCHEDULE E: LOANS						
5. X S0	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS						
6. SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7. SC	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8. SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9. X SC	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	183.58			
10. SC	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$				
11. SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$				
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR FILER	RETURNED	\$				

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 5/28	
2	FILER NAME Bazan, Step	hanie M			3	Filer ID (Ethics Commission 00090751	n Filers)
4	Date 09/22/2022	 5 Full name of contributor Alaniz-Moyer, Ashley 6 Contributor address; City; S 20017 Navarre Ter 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
8	Dringinal occu	Austin, TX 78660 pation / Job title (See Instructions	s) [o	Employer (See Instructions			
ľ		ind NonProfit Executive	5)	Hispanic Scholarship Co		ortium	
	Date 09/11/2022	Full name of contributor Annoni, Chris Contributor address; City; S 3210 Centralia Cv Austin, TX 78745	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$105.58
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions NA	5)		
	Date 09/08/2022	Full name of contributor Armbrust, David Contributor address; City; S 2807 Regents Park	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Austin, TX 78746	<u></u>				
	Principal occu Attorney	pation / Job title (See Instructions	(5)	Employer (See Instructions Armbrust & Brown PLLC			
	Date 08/31/2022	Full name of contributor Banda, Rosemary Contributor address; City; S 1101 Echo Lane Austin, TX 78746	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$26.63
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 09/27/2022	Full name of contributor Barnett, Taylor Contributor address; City; S 7813 Finch Trail Austin, TX 78745	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$52.95
	Principal occu Developer A	pation / Job title (See Instructions dvocate	5)	Employer (See Instructions PlanetScale	()		

	MONEI	ARY POLITICAL CONTRIB	BUTION	15		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 6/28	
2	FILER NAME Bazan, Stepl	nanie M			3	Filer ID (Ethics Commission 00090751	n Filers)
4	Date 09/29/2022	 Full name of contributor out-of-state Bazan, Joseph Contributor address; City; State; Zip Code 5419 Constance St 	PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
8	Principal occur College Cour	New Orleans, TX 70115 pation / Job title (See Instructions) nselor	9	Employer (See Instructions Delgado Community Co		je	
	Date 09/28/2022	Full name of contributor out-of-state Beliveau, Emmett Contributor address; City; State; Zip Code 2205 Sunny Slope Dr Austin, TX 78703	PAC (ID#:			Amount of Contribution (\$)	\$450.00
	Principal occupation / Job title (See Instructions) COO			Employer (See Instructions C3 Presents	s)		
	Date 09/14/2022	Full name of contributor out-of-state Breen, Mary Contributor address; City; State; Zip Code 2627 Kinney Oaks Ct	PAC (ID#:			Amount of Contribution (\$)	\$52.95
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Retired nurse	9		NA			
	Date 09/06/2022	Full name of contributor out-of-state Brune, Michele Contributor address; City; State; Zip Code 1080 Giberson Way Buda, TX 78610	PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Registered N	pation / Job title (See Instructions) Iurse		Employer (See Instructions	5)		
	Date 08/31/2022	Full name of contributor out-of-state Burke, Johanna Contributor address; City; State; Zip Code 114 Papawai Dr Bastrop, TX 78602	PAC (ID#:)		Amount of Contribution (\$)	\$133.26
	Principal occu Project Mana	pation / Job title (See Instructions) ager		Employer (See Instructions	s)		

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 7/28	
2	FILER NAME Bazan, Stepl	nanie M			3	Filer ID (Ethics Commission 00090751	n Filers)
4	Date		out-of-state PAC (ID#:	,	7	Amount of Contribution (\$)	
•	09/07/2022	Cenkus, Brett				γ another Continuous (φ)	\$450.00
		Contributor address; City; State;2308 Independence Drive	Zip Code				
		Austin, TX 78745					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Attorney			Cenkus Law PC			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/20/2022	Cofer, George		_			\$105.58
		Contributor address; City; State;	Zip Code				
		3306 Gentry Drive					
		Austin, TX 78746					
	Principal occupation / Job title (See Instructions) Conservation Consultant			Employer (See Instructions)		
		NA					
	Date	—	out-of-state PAC (ID#:)		Amount of Contribution (\$)	ΦEQ.05
	09/21/2022	Conti, John					\$52.95
		Contributor address; City; State;	Zip Code				
		212 Mia Drive					
		Lakeway, TX 78738					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Corporate Vi	ce President		New York Life			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/25/2022	Corona, Christina					\$450.00
		Contributor address; City; State;	Zip Code				
		4411 Tello Path					
		Austin, TX 78749					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Director of O	perations		National Instruments			
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	08/29/2022	Costello, Thomas					\$35.00
		Contributor address; City; State;	Zip Code				
		1411 Gracy Farms Ln Apt 12	6				
		Austin, TX 78758					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Economist	•		Texas Comptroller of Pu		Accounts	
_							

	MONEI	ARY POLITICAL CONTRIBUTION	אכ	15		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	for	m.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 8/28	
2	FILER NAME Bazan, Stepl	nanie M			3	Filer ID (Ethics Commission 00090751	n Filers)
4	Date 09/16/2022	 Full name of contributor out-of-state PAC (ID#:_Davies, Leah Contributor address; City; State; Zip Code 401 Wye Oak St)	7	Amount of Contribution (\$)	\$26.63
8	Principal occu Social worke	Austin, TX 78748 pation / Job title (See Instructions)	9	Employer (See Instructions CLEAN Cause	5)		
	Date 08/31/2022	Full name of contributor out-of-state PAC (ID#:_ De Avila, Natalie Contributor address; City; State; Zip Code 6205 Albany Sleigh Drive Del Valle, TX 78617)		Amount of Contribution (\$)	\$105.58
	Principal occupation / Job title (See Instructions) Stay at home mom			Employer (See Instructions NA	5)		
	Date 09/29/2022	Full name of contributor out-of-state PAC (ID#:_Faddis, Zach Contributor address; City; State; Zip Code 1100 Emmitt Run,)		Amount of Contribution (\$)	\$263.47
	Principal occu	Austin, TX 78721 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Software Eng	gineer		Press Ganey			
08/31/2022 Fernandez, Glor Contributor addres 12205 Sky Harb		Full name of contributor out-of-state PAC (ID#:_Fernandez, Gloria Contributor address; City; State; Zip Code 12205 Sky Harbor Drive Del Valle, TX 78617				Amount of Contribution (\$)	\$52.95
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/29/2022	Full name of contributor out-of-state PAC (ID#:_Fernandez, Gloria Contributor address; City; State; Zip Code 12205 Sky Harbor Drive Del Valle, TX 78617				Amount of Contribution (\$)	\$42.42
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CO	NIRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this for	m.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 9/28	
2	FILER NAME Bazan, Stepl	nanie M			3	Filer ID (Ethics Commission 00090751	n Filers)
4	Date 09/20/2022		out-of-state PAC (ID#: Zip Code)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu Government	Manor, TX 78653 pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 09/22/2022		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$52.95
	Principal occupation / Job title (See Instructions) Program Manager			Employer (See Instructions ACF	5)		
	Date 07/01/2022	Full name of contributor Gonzales, Delisa Contributor address; City; State; 11611 Sunset Drive	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$300.00
	Principal occu	Austin, TX 78748 pation / Job title (See Instructions)		Employer (See Instructions) 		
	Admin	patient, cos tine (ecc instructions)		Austin Oaks Hospital	,		
	Date 07/18/2022	Full name of contributor out-of-state PAC (ID#:) Guy, Linda Contributor address; City; State; Zip Code 804 Spofford St Austin, TX 78704				Amount of Contribution (\$)	\$52.95
	•	pation / Job title (See Instructions) e Practitioner		Employer (See Instructions	5)		
	Date 09/22/2022	Full name of contributor Hamid, Kaamilah Contributor address; City; State; 5110 Lancaster Court Austin, TX 78723	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu NA	pation / Job title (See Instructions)		Employer (See Instructions	()		

	MONEI	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 10/28	
2	FILER NAME Bazan, Stepl	hanie M		3	Filer ID (Ethics Commission 00090751	n Filers)
4	Date 08/31/2022	 Full name of contributor)	7	Amount of Contribution (\$)	\$450.00
8	Principal occu Sales Manag	Bastrop, TX 78602 pation / Job title (See Instructions) ger	Employer (See Instructions Unsubcentral	s)		
	Date 08/04/2022	Full name of contributor out-of-state PAC (ID#:_ Henry, Dana Contributor address; City; State; Zip Code 7600 Hansbrough Street New Orleans, TX 70127			Amount of Contribution (\$)	\$105.58
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions NA	s)		
	Date 09/29/2022	Full name of contributor out-of-state PAC (ID#:_ Huse, Kelsey Contributor address; City; State; Zip Code 3607 S Lamar Blvd Apt 1322 Austin, TX 78704)		Amount of Contribution (\$)	\$105.58
	Principal occu Software enç	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 09/07/2022	Full name of contributor out-of-state PAC (ID#:_ Huse, Kelsey Contributor address; City; State; Zip Code 3607 S Lamar Blvd Apt 1322 Austin, TX 78704)		Amount of Contribution (\$)	\$105.58
	Principal occu Software Eng	pation / Job title (See Instructions) gineer	Employer (See Instructions Realtor.com	s)		
	Date 09/29/2022	Full name of contributor out-of-state PAC (ID#:_ Kaminsky, Catherine Contributor address; City; State; Zip Code 1000 E 5th St Apt 619 Austin, TX 78702			Amount of Contribution (\$)	\$52.95
	Principal occu Organizing D	pation / Job title (See Instructions) Director	Employer (See Instructions Jay Kleberg for Texas L		d Commissioner	

	MONEI	ARY POLITICAL CONTRIBUTI	Or	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 11/28	
2	FILER NAME Bazan, Step	nanie M			3	Filer ID (Ethics Commission 00090751	n Filers)
_			,	<u> </u>	-		
4	Date 09/22/2022	5 Full name of contributor out-of-state PAC (ID# Kazi, Fayez	#:)	ľ	Amount of Contribution (\$)	\$50.00
		6 Contributor address; City; State; Zip Code 11601 Tedford					
		Austin, TX 78753					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions Civilitude	s)		
	Date	Full name of contributor	<u>.</u>		Г	Amount of Contribution (\$)	
	09/29/2022	Lewis, Michael	·			Amount of Continuation (\$)	\$210.84
	00/20/2022	Contributor address; City; State; Zip Code					ΨΕΙΟ.Ο Ι
		2450 Wickersham Ln Apt 1201					
		Austin, TX 78741					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Account Executive			WalkMe			
	Date	Full name of contributor uut-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
	07/01/2022	Limon, Tracy					\$105.58
		Contributor address; City; State; Zip Code					
		1900 Wheless Ln					
		Austin, TX 78723					
	Principal occu	oation / Job title (See Instructions)	Т	Employer (See Instructions	5)		
	Contract and	Compliance Manager		NA			
	Date	Full name of contributor ut-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
	08/29/2022	Logan, Aryton					\$450.00
		Contributor address; City; State; Zip Code					
		1000 San Marcos Street					
		Austin, TX 78702					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Partner			Streamlined Analytics L	LC		
	Date	Full name of contributor ut-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
	07/01/2022	Lombrana, Julie					\$31.89
		Contributor address; City; State; Zip Code					
		111 Camino Real st					
		San Angelo, TX 76904					
	Principal occu	oation / Job title (See Instructions)	T	Employer (See Instructions	5)		
	Stay at Hom	e Parent		NA			

	MONEI	ARY POLITICAL CONTRIBUT	IOI	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s foi	rm.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 12/28	
2	FILER NAME Bazan, Stepl	nanio M			3	Filer ID (Ethics Commission 00090751	n Filers)
_					L		
4	Date 09/29/2022	5 Full name of contributor out-of-state PAC (IE Martin, Marion)	7	Amount of Contribution (\$)	\$26.63
		6 Contributor address; City; State; Zip Code 1409 Redd Street					
		Austin, TX 78745					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Ride Director			Lone Star Circle of Care	è		
	Date	Full name of contributor out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	07/30/2022	Martin, Marion					\$26.63
		Contributor address; City; State; Zip Code			1		
		1409 Redd St					
		Austin, TX 78745					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Ride Director			Lone Star Circle of Care			
	Date	Full name of contributor out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	09/28/2022	Maxwell, Felicity					\$450.00
		Contributor address; City; State; Zip Code					
		2121 Melridge Pl					
		Austin, TX 78704					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Partner	,		Tipit LLC	,		
	Date	Full name of contributor	<u> </u>		Г	Amount of Contribution (\$)	
	09/22/2022	Moyer, William	J			ranount of Continuation (4)	\$50.00
	00/11/1011	Contributor address; City; State; Zip Code			ł		400.00
		20017 Navarre Ter					
		Pflugerville, TX 78660					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	COO			Civilitude			
	Date	Full name of contributor ut-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	09/29/2022	Olivas, Greta					\$52.95
		Contributor address; City; State; Zip Code			1		
		8000B Clydesdale Dr.					
		Austin, TX 78745					
	Principal occur	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Artist	33		NA	-,		

	MONEI	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 9/11 Rpt: 13/28			
2	FILER NAME Bazan, Stepl	nanie M			3	Filer ID (Ethics Commission 00090751	n Filers)
4	Date 09/13/2022	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$450.00	
8	Principal occu Attorney	Austin, TX 78749 pation / Job title (See Instructions)	9	Employer (See Instructions SLHA, LLP	<u> </u> s)		
	Date 09/11/2022				Amount of Contribution (\$)	\$350.00	
	Principal occupation / Job title (See Instructions) Software Engineer Employer (See Instruction Cutsforth Inc				5)		
	Date Full name of contributor out-of-state PAC (ID#:) Poteet, Brian Contributor address; City; State; Zip Code 405 W North Loop Blvd Unit 1)		Amount of Contribution (\$)	\$100.00	
	Dringinal accu	Austin, TX 78751 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	Software En			Cutsforth Inc	•)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$52.95	
				Employer (See Instructions Meta	5)		
	Date Full name of contributor out-of-state PAC (ID#:) Rios, Christopher Contributor address; City; State; Zip Code 18100 Gantry Dr. Pflugerville, TX 78660			Amount of Contribution (\$)	\$158.21		
	Principal occu Banker	pation / Job title (See Instructions)		Employer (See Instructions Wells Fargo	5)		

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 10/11 Rpt: 14/28			
2	FILER NAME Bazan, Stepl	nanie M		3	Filer ID (Ethics Commission 00090751	ı Filers)	
4	· · · · · · · · · · · · · · · · · · ·		7	Amount of Contribution (\$)	\$105.58		
8	Principal occu	Austin, TX 78762 Dation / Job title (See Instructions)	Employer (See Instructions) Localeur	<u> </u> 5)			
	Date 09/28/2022				Amount of Contribution (\$)	\$26.63	
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired NA						
	Date 09/22/2022	Full name of contributor out-of-state PAC (ID#:_ Texas Latina List Contributor address; City; State; Zip Code P.O. Box 64025 Fort Worth, TX 76164)		Amount of Contribution (\$)	\$300.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>			
	Date 09/29/2022	Full name of contributor out-of-state PAC (ID#:_ Virani, Alim Contributor address; City; State; Zip Code 1621 East 6th Street Apt 2413 Austin, TX 78702			Amount of Contribution (\$)	\$105.58	
	Principal occupation / Job title (See Instructions) Engineering Manager Twitter						
	Date Full name of contributor out-of-state PAC (ID#:) 09/29/2022 Virani, Alim Contributor address; City; State; Zip Code 1622 East 6th Street Apt 2413 Austin, TX 78702			Amount of Contribution (\$)	\$25.00		
	Principal occu Engineering	oation / Job title (See Instructions) Manager	Employer (See Instructions) Twitter	s)			
		,					

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 11/11 Rpt: 15/28		
2	FILER NAME Bazan, Step		3	Filer ID (Ethics Commission 00090751	on Filers)	
4					Amount of Contribution (\$)	\$52.95
8	Principal occu Project Man	ipation / Job title (See Instructions) ager	9 Employer (See Instructions NA	5)		
	Date 09/29/2022	Full name of contributor out-of-state PAC (ID#:_ Worthington, Matt Contributor address; City; State; Zip Code 8008 Hillock Terrace Austin, TX 78744)		Amount of Contribution (\$)	\$105.58
	Principal occupation / Job title (See Instructions) Director of Data Science Employer (See Instruction Longevity Partners					
	Date 09/29/2022	Full name of contributor out-of-state PAC (ID#:_Yanas, Elyssa Contributor address; City; State; Zip Code 5419 Constance St New Orleans, TX 70115)	•	Amount of Contribution (\$)	\$55.58
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions NA	s)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 16/28 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bazan, Stephanie M 00090751 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 09/14/2022 Molly Cox Consulting LLC \$450.00 Consulting services 7 Contributor address; City; State; Zip Code 22 Jeanette Drive San Antonio, TX 78216 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/12 Rpt: 17/28	Bazan, Stephanie M 00090751
4	Date	5 Payee name
	08/22/2022	Austin CLC of the AFL-CIO
6	Amount (\$) \$215.00	7 Payee address; City; State; Zip Code 1106 Lavaca Street Ste 200
		Austin, TX 78701
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ad charge
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/08/2022	Azul - Consulting
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 1112 Montezuma
		San Antonio, TX 78207
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting Services
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/09/2022	Azul - Consulting
	Amount (\$) \$5,857.62	Payee address; City; State; Zip Code 1112 Montezuma
		San Antonio, TX 78207
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting Services
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/12 Rpt: 18/28	Bazan, Stephanie M 00090751
4	Date	5 Payee name
	09/01/2022	CheckMark Typesetting
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,402.95	3217 North IH 35
	l	
		Austin, TX 78722
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	l	Signage
	l	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/01/2022	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	124 W 8th St Ste 116
	l	
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	l	Ballot Application
	l	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/01/2022	DonateWay
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.47	P.O. Box 301267
	·	
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website service fee
	l	Website service lee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/12 Rpt: 19/28	Bazan, Stephanie M 00090751
4	Date	5 Payee name
	07/04/2022	DonateWay
6	Amount (\$) \$2.95	7 Payee address; City; State; Zip Code P.O. Box 301267 Austin, TX 78703
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website service fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/18/2022	DonateWay
	Amount (\$) \$2.95	Payee address; City; State; Zip Code P.O. Box 301267 Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website service fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/30/2022	DonateWay
	Amount (\$) \$1.63	Payee address; City; State; Zip Code P.O. Box 301267
		Austin, TX 78703
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website service fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/12 Rpt: 20/28	Bazan, Stephanie M 00090751
4	Date	5 Payee name
	08/04/2022	DonateWay
6	Amount (\$) \$5.58	7 Payee address; City; State; Zip Code P.O. Box 301267 Austin, TX 78703
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website service fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/20/2022	DonateWay
	Amount (\$) \$5.58	Payee address; City; State; Zip Code P.O. Box 301267 Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website service fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/29/2022	DonateWay
	Amount (\$) \$2.06	Payee address; City; State; Zip Code P.O. Box 301267
		Austin, TX 78703
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website service fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Gift/Awards/Memorials Legal Services The Instruction Gu	•		ages	/Contract Labor		Travel Ou OTHER (strict category not listed above)	
1	Total pages Schedule F1:	2	EII ED NIANAF					1	2	Filer ID		(Ethics Commission Filers)
												(Eurico Commissión Fileis)
	Sch: 5/12 Rpt: 21/28	_	Bazan, Ster	JIIAIIIE IVI						00090	131	
4	Date	5	Payee name									
	08/31/2022		DonateWay	,								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Coo	de					
	\$47.67		P.O. Box 30	01267								
	, -											
			A	70700								
		L	Austin, TX	78703 								
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees									plete Schedule T.
								Check if Austin,			er living	g expense
								Website servi	ice	iee		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office souç	ght			Off	ice he	eld
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	09/06/2022		DonateWay	,								
_	Amount (\$)	\vdash	Payee addre		State	; Zip Coo	de					
	` '		-	-	Siale	, <u>Lip</u> C00	uU					
	\$1.56		P.O. Box 30	JIZUI								
			Austin, TX	78703								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	he top of this sch	nedule)	(b)	Description				
	OF		Fees	J	·	<i>'</i>		Check if travel of	outsi	de of Texa	s. Com	plete Schedule T.
	EXPENDITURE							Check if Austin,			er living	g expense
								Website servi	ice	fee		
L		L										
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Off	ice he	eld
	expenditure to benefit C/OI	Н										
H	Date	Γ	Payee name									
	09/07/2022		DonateWay	,								
<u> </u>		_				. 7: 0	.1.					
	Amount (\$)		Payee addre		State	; Zip Coo	ae					
	\$29.58		P.O. Box 30	01267								
			Austin, TX	78703								
	PURPOSE	(a)	Category (5)	ee Categories listed at t	he top of this sch	nedule)	(b)	Description				
	OF	ĺ <i>'</i>	Fees	Jacogonioo notou di ti	100 07 1110 3011	,	•		outsi	de of Texa	s. Com	plete Schedule T.
	EXPENDITURE							Check if Austin,	, TX,	officehold	er living	g expense
								Website servi	ice	fee		
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office souç	ght			Off	ice he	eld
	expenditure to benefit C/OI	Н				•	-					
L												
_												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1: Sch: 6/12 Rpt: 22/28	FILER NAME Bazan, Stephanie M	3 Filer ID (Ethics Commission Filers) 00090751		
4	Date 09/08/2022	5 Payee name DonateWay			
6	Amount (\$) \$1.56	7 Payee address; City; State; Zip Code P.O. Box 301267 Austin, TX 78703			
8	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website service fee		
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	nt Office held		
	Date 09/11/2022	Payee name DonateWay			
	Amount (\$) \$24.31	Payee address; City; State; Zip Code P.O. Box 301267 Austin, TX 78703			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website service fee		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held		
	Date 09/13/2022	Payee name DonateWay			
	Amount (\$) \$24.00	Payee address; City; State; Zip Code P.O. Box 301267			
		Austin, TX 78703			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website service fee		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	office held		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

	Credit Card Payment	The Instruction Guide explains how to comp	plete	this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 7/12 Rpt: 23/28	Bazan, Stephanie M		00090751
4	Date	5 Payee name		·
	09/14/2022	DonateWay		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$2.95	P.O. Box 301267		
		Austin, TX 78703		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) D	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL			Check if Austin, TX, officeholder living expense
			V	Vebsite service fee
_	Operation ONLY if dispose	Condidate (Office halden and	1-4	Office health
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	· 			
	Date	Payee name		
	09/16/2022	DonateWay		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$1.63	P.O. Box 301267		
		Austin, TX 78703		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	b) D	Description
	OF EXPENDITURE	Fees	Ę	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			L V	Vebsite service fee
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	09/20/2022	DonateWay		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$2.80	P.O. Box 301267		
		Austin, TX 78703		
	PURPOSE		h) D	Description
	OF	(a) Category (See Categories listed at the top of this schedule)	υ, L Γ	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 663	Ė	Check if Austin, TX, officeholder living expense
			V	Vebsite service fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	experiorare to benefit C/OI	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/12 Rpt: 24/28	Bazan, Stephanie M 00090751
4	Date	5 Payee name
	09/21/2022	DonateWay
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.95	P.O. Box 301267
		Austin, TX 78703
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website service fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/22/2022	DonateWay
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.55	P.O. Box 301267
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website service fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	09/23/2022	DonateWay
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.58	P.O. Box 301267
	40.00	1.101.207.002.207
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Website service fee
	Complete ONLY if direct	Condidate/Office helder no rec
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	·	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Float Services Salaries/Magas/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/12 Rpt: 25/28	Bazan, Stephanie M	00090751
4	Date	5 Payee name	
	09/25/2022	DonateWay	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$24.00	P.O. Box 301267	
		Austin, TX 78703	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Website service fee
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/27/2022	DonateWay	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.95	P.O. Box 301267	
		Austin, TX 78703	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	_/		Check if Austin, TX, officeholder living expense Website service fee
			vvensite service lee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
	Data	D	
	Date 09/28/2022	Payee name DonateWay	
		•	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$48.43	P.O. Box 301267	
		Austin, TX 78703	
	PURPOSE OF	, ,	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Website service fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/12 Rpt: 26/28	Bazan, Stephanie M	00090751
4	Date	5 Payee name	•
	09/29/2022	DonateWay	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$69.30	P.O. Box 301267	
		Austin, TX 78703	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	evel outside of Texas. Complete Schedule T.
	EXPENDITURE		ıstın, TX, officeholder living expense
		Website so	ervice tee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Office field
L	D-1-	T _	
	Date	Payee name	
	08/01/2022	Jake Webber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$800.00	1201 Columbia #A	
		San Marcos, TX 78666	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Jaianes/Wages/Contract Eabor	ivel outside of Texas. Complete Schedule T. istin, TX, officeholder living expense
		Payroll	ioni, in one in the interest of the interest o
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	08/15/2022	Jake Webber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,200.00	1201 Columbia #A	
		San Marcos, TX 78666	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		evel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Au	ıstin, TX, officeholder living expense
		Payroll	
L	Complete CNUV'S	Condidate/Office helden 5 - 112	Office bald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	•		

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

	Credit Card F ayment		The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/12 Rpt: 27/28		Bazan, Stephanie M		00090751
4	Date	5	Payee name		•
	09/07/2022		Jake Webber		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$750.00		1201 Columbia #A		
			San Marcos, TX 78666		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	l`	Salaries/Wages/Contract Labor	`´	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		g .		Check if Austin, TX, officeholder living expense
					Payroll
L					
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ight	Office held
L	·	_			
	Date		Payee name		
	08/26/2022		McDonalds		
	Amount (\$)		Payee address; City; State; Zip Co	de	
	\$14.05		2114 W Slaughter Ln		
			Austin, TX 78748		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Snack for Team
					Shack for realing
H	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	aht	Office held
expenditure to benefit C/OH			Cinice Hold		
-	Date	<u> </u>	Davies name		
	08/02/2022		Payee name Texas Democratic Party		
			<u> </u>		
	Amount (\$) \$540.00		Payee address; City; State; Zip Cc P.O. Box 116	ue	
	φ340.00		F.O. BOX 110		
			A		
			Austin, TX 78767		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel sutside of Taxon Complete Schodule T
	EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					VAN account setup
Т	Complete ONLY if direct		Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/OI	Н			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 12/12 Rpt: 28/28	Bazan, Stephanie M 00090751
4	Date	5 Payee name
	09/15/2022	Walmart
6	Amount (\$)	7 Payee address; City; State; Zip Code
٠	\$92.25	5017 W Highway 290
	Ψ32.23	3017 Willighway 230
		Austin, TX 78735
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.
	_/	Check if Austin, TX, officeholder living expense
		Supplies
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held