CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00057431		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Stephanie D.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME			CUEFIX	07/17/2023	
	NICKNAME	LAST Klick		SUFFIX	01/11/2025	
		KIICK				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 7592					
ADDRESS					Receipt #	Amount
Change of Address	Fort Worth, TX 76111				Date Processed	
					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Chuck		****		
NAME	IVII.	CHUCK				
	NICKNANAE			CLIETY		
	NICKNAME	LAST Lutz		SUFFIX		
		Luiz				
2 04454104	OTDEET ADDRESS (NO DO	DOV DI E 4 0 E 1	4.00	E / OLUTE // OLTY	0.7.4	TE 710.000E
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	Γ / SUITE #; CITY;	; STA	TE; ZIP CODE
ADDRESS	2314 Carlise Avenue					
(Residence or Business)						
	Colleyville, TX 76034					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	XTENSION			
TREASURER		E NOWIDER E	EVICION			
PHONE	(817) 658-5582					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after car	npaign treasurer
		」		L	appointment (office	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
				reporting infint		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TH	ROUGH	06/30/202	23	
10 ELECTION	ELECTION DATE	<u> </u>		ELECTION TYPE		
	Month Day Year	Pi	rimary	Runoff	Other	
		G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	Γ (if known)	
	State Representative Distr	ict 91		State Represent		
	,			·		
				<u> </u>		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 32

13 C / OH NAME	Klick, Stephanie D. (1	he Honorable)	14 Filer ID 00057431	(Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or politi These expenditures may have been m officeholders are required to report th	ade without the candidate's or office	eholder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
⊔ °	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASUR	ER NAME						
		COMMITTEE CAMPAIGN TREASUR	ER ADDRESS						
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS ((ES OF LOANS, OR CONTRIBUTIONS		\$ 0.00					
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEE	S OF LOANS)	\$ 2,500.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00					
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 16,199.96					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED A RIOD	S OF THE LAST DAY OF THE	\$ 97,763.61					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	LOANS AS OF THE LAST DAY	\$ 27,000.00					
17 AFFIDAVIT			under penalty of perjury, that the ac nd includes all information required t ction Code.						
			The Honorable Stephanie D. K	lick					
			Signature of Candidate or Officeho	lder					
AFFIX NO	TARY STAMP / SEAL ABO	DVE							
Sworn to and subs	cribed before me, by the s	aid	, this the	day					
of	, 20, to ce	rtify which, witness my hand and seal	of office.						
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath								

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	OVER SHE	ET PG 3 3 of 32
18 FILER		ME bhanie D. (The Honorable)	19 Filer ID 00057431	(Ethics Commi	ssion Filers)
		E SUBTOTALS SCHEDULE		SUBTOTA	AL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,500.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	16,199.96
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	6,193.83

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/32
FILER NAME Klick, Stepha		3 Filer ID (Ethics Commission Filers) 00057431
Date 06/26/2023	Full name of contributor	7 Amount of Contribution (\$) \$2,500.00
	Austin, TX 78705	
Principal occu	pation / Job title (See Instructions) 9 Empl	oyer (See Instructions)
	The Instru FILER NAME Klick, Stepha Date 06/26/2023	The Instruction Guide explains how to complete this form. FILER NAME Klick, Stephanie D. (The Honorable) Date 06/26/2023 5 Full name of contributor out-of-state PAC (ID#: Texas Optometric PAC 6 Contributor address; City; State; Zip Code Austin, TX 78705

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/27 Rpt: 5/32	Klick, Stephanie D. (The Honorable)	00057431
4	Date	5 Payee name	•
	01/03/2023	AT & T	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$195.37	PO Box 5014	
		Carol Stream, IL 60197-5014	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		Check if Austin, TX, officeholder living expense
			Internet for Austin apartment
Ļ	Opening ONE V if direct	Outside the IOffice had been seen as the Ioffice and the Ioffice and Ioffice a	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/31/2023	AT & T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$195.37	PO Box 5014	
		Carol Stream, IL 60197-5014	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Internet for Austin apartment
			internet for Austin apartment
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cine rela
_	Data	B	
	Date 03/02/2023	Payee name AT & T	
	Amount (\$) \$207.37	Payee address; City; State; Zip Code	
	\$207.37	PO Box 5014	
		0 10: 11 00407 5044	
		Carol Stream, IL 60197-5014	
	PURPOSE OF	,	Description
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
			Internet for Austin apartment
			THE TO SECURE
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		22

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	T. 1	· · · · · · · · · · · · · · · · · · ·	_
1	Total pages Schedule F1: Sch: 2/27 Rpt: 6/32	2 FILER NAME Klick, Stephanie D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00057431	
4	Date	5 Payee name	_
	04/03/2023	AT & T	
6	Amount (\$) \$207.37	7 Payee address; City; State; Zip Code PO Box 5014 Carol Stream, IL 60197-5014	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	\neg
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Internet for Austin apartment	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/02/2023	AT & T	
	Amount (\$) \$207.37	Payee address; City; State; Zip Code PO Box 5014 Carol Stream, IL 60197-5014	
_	PURPOSE	(a) Cotagon: (b) Description	_
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Internet for Austin apartment	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	06/01/2023	AT & T	
	Amount (\$) \$207.37	Payee address; City; State; Zip Code PO Box 5014	
		Carol Stream, IL 60197-5014	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Internet for Austin apartment	
	Complete ONLY if direct expenditure to benefit C/OI	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 -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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 3/27 Rpt: 7/32	Klick, Stephanie D. (The Honorable) 00057431
4	Date	5 Payee name
	05/24/2023	Beaumont Community Partnership for Children
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	3105 Executive Blvd.
		Beaumont, TX 77705
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation
l		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
l	03/14/2023	Brannon, Kevin
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,000.00	1911 Lorraine
l		
l		Allen, TX 75002-2619
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
l	EX. ENDITORE	Check if Austin, TX, officeholder living expense Political consulting
		Folitical consulting
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
H	Date	Payee name
l	02/08/2023	Capitol Center Parking
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$14.00	919 Congress Ave.
		Austin, TX 78701
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
l		Parking
L	0 1. 2	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
g Expense Event Expense Loan Repayment/Reimbu

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

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)

	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: 4/27 Rpt: 8/32	Klick, Stephanie D. (The Honorable)	00057431
4	Date	5 Payee name	
	01/20/2023	Chuy's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$82.13	1728 Barton Springs Road	
		Austin, TX 78704	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 dod/Beverage Expense	rel outside of Texas. Complete Schedule T.
		Staff lunch	stin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	03/16/2023	City of Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	P.O. Box 2267	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment & Related	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		Parking	3 · F
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	01/04/2023	City of Austin Utilities	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$57.86	P.O. Box 2267	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overneau/Nerital Expense	rel outside of Texas. Complete Schedule T.
			stin, TX, officeholder living expense Austin apartment
		Cunites 1617	rasim aparament
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 5/27 Rpt: 9/32	2 FILER NAME Klick, Stephanie D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00057431
4	Date	5 Payee name
	02/06/2023	City of Austin Utilities
6	Amount (\$) \$59.15	7 Payee address; City; State; Zip Code P.O. Box 2267
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Utilities for Austin Apartment
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/06/2023	City of Austin Utilities
_	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$67.47	P.O. Box 2267
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	_/\\ _!\\\	X Check if Austin, TX, officeholder living expense
		Utilities for Austin apartment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/04/2023	City of Austin Utilities
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.83	P.O. Box 2267
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	X Check if Austin, TX, officeholder living expense
		Utilities for Austin apartment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

Event Expense

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	1
1 Total pages Schedule F1: Sch: 6/27 Rpt: 10/32	2 FILER NAME Klick, Stephanie D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00057431
4 Date	5 Payee name
05/02/2023	City of Austin Utilities
6 Amount (\$) \$72.43	7 Payee address; City; State; Zip Code P.O. Box 2267 Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Utilities for Austin apartment
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/02/2023	City of Austin Utilities
Amount (\$)	Payee address; City; State; Zip Code
\$81.22	P.O. Box 2267
BURDOCE	Austin, TX 78701
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Utilities for Austin apartment
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/17/2023	Clayton Spangler Photographic Design
Amount (\$)	Payee address; City; State; Zip Code
\$125.00	235 Point Lick Drive City
	Charleston, WV 25306
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Panoramic photo
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 -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ravel Out of District THER (enter a category not listed above)
ᆫ			
1	Total pages Schedule F1: Sch: 7/27 Rpt: 11/32		iler ID (Ethics Commission Filers) 0057431
⊢	<u> </u>		
4	Date	5 Payee name	
l	05/21/2023	Donna Howard Campaign	
<u>ــ</u>	Amount (\$)	7 Payee address; City; State; Zip Code	
ľ	` '		
l	\$50.00	P.O. Box 5375	
l			
l		Austin, TX 78763	
⊢		<u> </u>	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Cita/ twatas/wemonals Expense	of Texas. Complete Schedule T.
l	EXI ENDITORE	I	iceholder living expense
l		Committee gift	
l			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Office field
L			
	Date	Payee name	
	01/09/2023	Four Seasons Hotel	
H	Amount (\$)	Payee address; City; State; Zip Code	
l	. ,		
l	\$16.00	98 San Jacinto	
l			
l		Austin, TX 78701	
H	DUDDOCE		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	of Taylor Commission Cabadyla T
l	EXPENDITURE	Transportation Equipment & Related	of Texas. Complete Schedule T.
l			iceholder living expense
		Parking	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
l	expenditure to benefit C/O)H	
⊨	Data		
l	Date	Payee name	
	03/24/2023	Go Daddy	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$24.57	14455 N. Hayden Rd. Ste 226	
l		, ,	
1		0 4 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
		Scottsdale, AZ 85260	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF	I	of Texas. Complete Schedule T.
l	EXPENDITURE		iceholder living expense
1		Domain renewals	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Since field
L			
l			
1			

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

ense Travel in District
ense Travel Out of District
OTHER (enter a cate

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/	Wages	s/Contract Labor		OTHER (enter a	a category not listed	above)
			The Instruction Guide 6	explains how to c	omple	ete this form.				
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 8/27 Rpt: 12/32	·	anie D. (The Honora	abie) 				00057431		
4	Date	5 Payee name								
	04/20/2023	Go Daddy								
6	Amount (\$)	7 Payee addre	•	State; Zip C	ode					
	\$76.62	14455 N. H	ayden Rd. Ste 226							
		Scottsdale,	AZ 85260							
8	PURPOSE	(a) Category (Se	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	Expense			_			nplete Schedule T.	
						Domain name		officeholder living	g expense	
						Domainmann		, no wale		
9	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	uaht			Office h	eld	
	expenditure to benefit C/O		oonolaer name	011100 00	agiit			000 11	o.iu	
	Date	Payee name								
	01/14/2023	HEB #639								
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode					
	\$15.52	1801 E. 51	St.							
		Austin, TX	78723							
	PURPOSE	(a) Category (Se	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Food/Bever	age Expense						nplete Schedule T.	
						Drinks for cap		officeholder living	g expense	
						Dilliks for cap	Jito	TOTHEC		
_	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	<u>l</u> uaht			Office h	eld	
	expenditure to benefit C/O				-9					
	Date	Payee name								
	01/03/2023	Hill Country	Springs							
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode					
	\$24.57	Hill Country	Springs							
		10019 S. IH	35							
		Austin, TX	78747							
	PURPOSE	(a) Category (Se	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE		age Expense	· · · · · · · · · · · · · · · · · · ·		Check if travel of			nplete Schedule T.	
	LAPENDITORE					_		officeholder living	g expense	
						Water for Cap	DITO	ii oilice		
	Complete ONLY if direct	Candidate/Offi	ceholder name	Office so	l labt			Office h	old	
	expenditure to benefit C/O		cenduel name	Office S0	uynı			Onice n	ciu	

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/Politica Credit Card Payment	/ - Il Cor	nmittee	Gift/Awards/Memoria Legal Services	·		ages.	/Contract Labor		Travel Out of OTHER (ent		rict category not listed above)
		_		The Instruction (Guide explains	how to cor	mple	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID		(Ethics Commission Filers)
L	Sch: 9/27 Rpt: 13/32	_	·	anie D. (The F	lonorable)					0005743	31	
4	Date	5	Payee name									
L	02/03/2023	L	Hill Country	Springs								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$33.32		Hill Country	Springs								
			10019 S. IH	35								
			Austin, TX	78747								
8	PURPOSE	(a)					(h)	Description				
0	OF	الما		ee Categories listed at	t the top of this sch	nedule)	(D)		outsi	de of Texas.	Comp	lete Schedule T.
	EXPENDITURE		i oou/bevel	age Expense				Check if Austin,				
								Water for Cap	pito	ol office		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office	e hel	ld
	expenditure to benefit C/OI	Η										
	Date		Payee name									
L	03/02/2023		Hill Country	Springs								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$21.32		Hill Country	Springs								
			10019 S. IH	35								
			Austin, TX	78747								
	PURPOSE	(a)	Category (Se	ee Categories listed at	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			age Expense	•			=				lete Schedule T.
	LAI LINDITURE							Check if Austin,			iving	expense
								Water for Aus	stin	опісе		
_	Operation ONE V. C. P	<u> </u>	2			Off:	a la t			0.00		1.1
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	(Office sou	ght			Office	e nel	ıa
	Date		Payee name									
	04/04/2023		Hill Country	Springs								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$143.81		Hill Country	Springs								
			10019 S. IH	35								
			Austin, TX									
	PURPOSE	(a)		ee Categories listed at	t the ten of this cab	nodulo)	(b)	Description				
	OF	``'		ee Categories listed al age Expense	i ine top of triis SCN	iedule)	()	:	outsi	de of Texas. (Comp	lete Schedule T.
	EXPENDITURE		. 554,56461	30 =/\poi100				Check if Austin,	, TX,	officeholder I	iving	expense
								Water for Cap	pito	ol office		
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office	e hel	ld
	expenditure to benefit C/O	_										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 10/27 Rpt: 14/32	Klick, Stephanie D. (The Honorable)	
4	Date	5 Payee name	_
•	05/02/2023	Hill Country Springs	
_			_
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$59.57	Hill Country Springs	
		10019 S. IH 35	
		Austin, TX 78747	_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Water for Austin office	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	
	06/02/2023	Hill Country Springs	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$77.07	Hill Country Springs	
		10019 S. IH 35	
		Austin, TX 78747	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense Water for Capitol office	
		water for Capitor office	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	
	02/16/2023	Innovation & Technology Caucus	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	815 A Brazos # 714	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Dues	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

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

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)

	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: 11/27 Rpt: 15/32	Klick, Stephanie D. (The Honorable) 00057431
4	Date	5 Payee name
	01/09/2023	Jack Allen's Kitchen
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$73.93	3010 W Anderson Ln, Ste D
		Austin, TX 78757
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Breakfast with constituents
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorative to benefit C/Oi	
	Date	Payee name
	01/31/2023	Legend Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	6851 NE Loop 820, Suite 100
		North Richland Hills, TX 76180
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Service Charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/28/2023	Legend Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	6851 NE Loop 820, Suite 100
		North Richland Hills, TX 76180
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Service Charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure 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 C

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

	Candidate/Officeholder/Politica Credit Card Payment	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/27 Rpt: 16/32	Klick, Stephanie D. (The Honorable) 00057431
4	Date	5 Payee name
	03/31/2023	Legend Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	6851 NE Loop 820, Suite 100
		North Richland Hills, TX 76180
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Service charge
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	04/28/2023	Legend Bank
H	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	6851 NE Loop 820, Suite 100
	φου.σσ	0001 NE 200P 020, Outle 100
		North Richland Hills, TX 76180
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Service charge
		Scrive charge
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
H	Data	
	Date	Payee name
	05/31/2023	Legend Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	6851 NE Loop 820, Suite 100
		North Richland Hills, TX 76180
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Service charge
L	Operation ONE VIII II	Our district Office health are some
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash	,	
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Candidate/Officeholder/Politica Credit Card Payment	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/27 Rpt: 17/32	Klick, Stephanie D. (The Honorable) 00057431
4 Date	5 Payee name
06/30/2023	Legend Bank
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code 6851 NE Loop 820, Suite 100 North Richland Hills, TX 76180
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service charge
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/17/2023	Mail Chimp
Amount (\$)	Payee address; City; State; Zip Code
\$85.28	512 Means
	Atlanta, GA 30328
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 Email service provider
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/15/2023	Mail Chimp
Amount (\$) \$85.28	Payee address; City; State; Zip Code 512 Means
	Atlanta, GA 30328
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 Email service provider
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Le	ift/Awards/Memorials E egal Services The Instruction Gui	•		ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed ab	ove)
1	Total pages Schodule F1:	2 -						-	2	Eilor ID	(Ethics Commission	on Eilore)
1	Total pages Schedule F1: Sch: 14/27 Rpt: 18/32	l		nie D. (The Ho	norable)				3	Filer ID 00057431	(Ethics Commiss	on File(s)
<u> </u>	•		-						<u> </u>			
4	Date	ı	Payee name									
L	03/15/2023	L^{N}	Mail Chimp									
6	Amount (\$)	7 F	Payee address	; City;	State;	Zip Cod	de	· · · · · · · · · · · · · · · · · · ·				
	\$85.28	5	512 Means									
		/	Atlanta, GA 3	0328								
_	DUDDOOF	<u> </u>					<i>(</i> 1-)					
8	PURPOSE OF			Categories listed at the	e top of this sche	edule)	(a)	Description	outo:	de of Toyon Com	volete Cebedule T	
	EXPENDITURE	*	Advertising E	xpense				_		officeholder living	plete Schedule T. r expense	
								Email Service			у схропос	
									۰ ۲۰			
_	Complete ONLY if direct		andidata/Office	holder name		ffice sour	ah+			Office	old	
9	expenditure to benefit C/O		andidate/Office	noider name	O	ffice soug	JIIL			Office h	eiu	
	Date	F	Payee name									
	04/17/2023	١	Mail Chimp									
	Amount (\$)	F	Payee address	; City;	State;	Zip Cod	de					
	\$85.28	5	512 Means									
		Ι,	Atlanta, GA 3	U338								
	DUDD005						<i>a</i> >					
	PURPOSE OF	ı		Categories listed at the	e top of this sche	edule)	(b)	Description	outoi	de of Toyon Com	poloto Cobodulo T	
	EXPENDITURE	1	Advertising E	xpense				=		officeholder living	iplete Schedule T.	
								Email service			у схропос	
								Ziliali Golvigo	, μ.	ovido:		
_	Complete ONLY if direct		andidate/Office	holder name	0:	ffice cour	aht			Office h	old	
	expenditure to benefit C/O		anuluale/Onice	moluel mame	O	ffice soug	giit			Office II	eiu	
L		<u> </u>										
	Date	ı	Payee name									
L	05/15/2023	_ ^	Mail Chimp									
	Amount (\$)	F	Payee address	; City;	State;	Zip Cod	de					
	\$85.28	5	512 Means									
		/	Atlanta, GA 3	0328								
\vdash	PURPOSE			Categories listed at the	o top of this sale -	idula)	(b)	Description				
	OF	ı	Advertising E		e toh ot tills scue	:uuie)	<i>,~,</i>		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE	′	was moning L	Apol130				ш		officeholder living		
								Mail service p	orov	vider		
	Complete ONLY if direct	Cá	andidate/Office	holder name	0:	ffice soug	ght			Office h	eld	
	expenditure to benefit C/OI						-					

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Reimbursement
Rental Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Salaries/	Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict ategory not listed above)
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission Filers)
	Sch: 15/27 Rpt: 19/32	Klick, Step	hanie D. (The Honoral	ole)				00057431	
4	Date	5 Payee name)						
	06/15/2023	Mail Chimp)						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode				
	\$85.28	512 Means	;						
		Atlanta, GA	A 30328						
8	PURPOSE	(a) Category (s	See Categories listed at the top of	this schedule)	(b)	Description			
	OF	Advertising		tillo soricuale)			outsic	le of Texas. Comp	lete Schedule T.
	EXPENDITURE		•			_		officeholder living	expense
						Email service	pro	ovider	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ught			Office hel	d
	Date	Payee name							
	02/10/2023	Metroplex	Republican Women						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$250.00	4512 Lake:	•	, ,					
	,								
		Colleyville,	TX 76034						
	DUDDOCE	-			(b)	5 1.0			
	PURPOSE OF		See Categories listed at the top of	this schedule)	(n)	Description Check if travel of	nutsio	le of Texas. Comp	lete Schedule T
	EXPENDITURE	Event Expe	ense			_		officeholder living	
						Sponsorship			
	Complete ONLY if direct		ficeholder name	Office sou	ught			Office hel	d
	expenditure to benefit C/OI	Н							
	Date	Payee name							
	04/13/2023	National R	eview						
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode				
	\$99.00	19 West 44	th Street Suite 1701						
		New York,	NY 10036						
	PURPOSE	(a) Category (s	See Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE		rhead/Rental Expense					le of Texas. Comp	
	EM EMBITORE					_	, TX,	officeholder living	expense
						Subscription			
	Complete ONII V if direct	Condidate/Of	Finahaldar name	Office	lab+			Office le -	14
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office sou	ugnt			Office hel	u
	•								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Gard Layment	The Instruction Guide explains how to co	mple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	F	iler ID	(Ethics Commission Filers)
	Sch: 16/27 Rpt: 20/32	Klick, Stephanie D. (The Honorable)			(00057431	
4	Date	5 Payee name		•			
	01/09/2023	Office Depot					
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode				
	\$95.88	2620 W Anderson Ln					
		Austin, TX 78757					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outs			
	EX. ENDITORE			Check if Austin, TX	X, o	fficeholder living	expense
				Paper			
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt			Office he	nld
9	expenditure to benefit C/O		igiit			Office fie	au
_	Data						
	Date 01/17/2023	Payee name Office Depot					
		•					
	Amount (\$)	Payee address; City; State; Zip Co	ode				
	\$128.67	2620 W Anderson Ln					
		: =\(-0===					
		Austin, TX 78757					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description	٠,	<i>(</i> - 0	
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outs Check if Austin, TX			
				_			lear sheet protectors
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ight			Office he	eld
	expenditure to benefit C/O	1					
	Date	Payee name					
	03/06/2023	Office Depot					
	Amount (\$)	Payee address; City; State; Zip Co	ode				
	\$117.17	2620 W Anderson Ln					
		Austin, TX 78757					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF	Office Overhead/Rental Expense	`´	Check if travel outs	side	of Texas. Comp	plete Schedule T.
	EXPENDITURE	·		Check if Austin, TX	X, o	fficeholder living	expense
				Printer ink			
	0 1. 2	0 111 1011 111	Ļ				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight			Office he	eld

SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
	ordan dara r aymon	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/27 Rpt: 21/32	Klick, Stephanie D. (The Honorable)	00057431
4	Date	5 Payee name	
	03/10/2023	Office Depot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$64.95	2620 W Anderson Ln	
		Austin, TX 78757	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense
		Copy paper	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	06/16/2023	PNC Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	2601 N. Tarrant Parkway	
		·	
		Fort Worth, TX 76177	
	DUDDOGE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.
	EXPENDITURE	/ tecounting/Banking	n, TX, officeholder living expense
		Service cha	
			3
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payoo namo	
	03/01/2023	Payee name SQ Access Valet Park	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.67	14910 Hartsmith	
		Austin, TX 78725	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related	outside of Texas. Complete Schedule T.
	2/11/2/10/11/2/12		n, TX, officeholder living expense
		Parking	
	Complete ONLY if divert	Candidate/Officeholder name Office sought	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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 co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 18/27 Rpt: 22/32	Klick, Stephanie D. (The Honorable)		00057431
4	Date	5 Payee name		'
	03/01/2023	SQ Access Valet Park		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$10.01	14910 Hartsmith		
l		Austin, TX 78725		
8	PURPOSE		(h)	Description
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related	(6)	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Expense		Check if Austin, TX, officeholder living expense
l		·		Parking
l				
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
l	expenditure to benefit C/OI	1		
F	Date	Payee name		
l	01/28/2023	Southwest Airlines		
⊢	Amount (\$)	Payee address; City; State; Zip C	ode	
l	\$48.00	P.O. Box 36647-1CR	00	
l	Ψ-0.00	1.0. Box 60041 10K		
l		Dallac TV 75225		
L		Dallas, TX 75235	Ια.	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if dayer dustide of rexast Complete Schedule 1.
l				Flight change fees
Г	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
l	expenditure to benefit C/OI	1		
F	Date	Payee name		
	02/17/2023	TDCJ		
┝	Amount (\$)	Payee address; City; State; Zip C	nde	
l	\$504.88	8801 South 1st Street, Suite 100	ouc	
l	Ψ004.00	Soot South 1st Street, State 150		
l		Augtin TV 70747		
L		Austin, TX 78747	1	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Gift/Awards/Memorials Expense		Check if Austin, TX, officeholder living expense
l				Items for donation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office soi	ught	Office held
	expenditure to benefit C/OI		•	
\vdash				
ı				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/27 Rpt: 23/32	Klick, Stephanie D. (The Honorable) 00057431
4	Date	5 Payee name
	04/07/2023	Texas Capitol Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$562.85	1400 Congress
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Ornaments for donations
		Cinalisms for deflations
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/06/2023	Texas Conservative Coalition
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	P.O. Box 2659
	1-,000	
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dues
		Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/19/2023	Texas Gas Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.47	PO Box 219913
	Ψ10.41	1 0 Box 213313
		Kansas City, MO 64121-9913
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		X Check if Austin, TX, officeholder living expense
		Utilities for Austin apartment
	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 Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 20/27 Rpt: 24/32	Klick, Stephanie D. (The Honorable) Cultics Commission Files) 00057431
4	Date	5 Payee name
	02/17/2023	Texas Gas Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$78.33	PO Box 219913
		Kansas City, MO 64121-9913
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	X Check if Austin, TX, officeholder living expense
		Utilities for Austin apartment
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/20/2023	Texas Gas Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.10	PO Box 219913
		Kansas City, MO 64121-9913
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	X Check if Austin, TX, officeholder living expense
		Utilities for Austin apartment
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/18/2023	Texas Gas Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.84	PO Box 219913
		Kansas City, MO 64121-9913
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	_/\\ _!\\\	X Check if Austin, TX, officeholder living expense
		Utilities for Austin apartment
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure 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 Committee

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/27 Rpt: 25/32	Klick, Stephanie D. (The Honorable) 00057431
4	Date	5 Payee name
	05/17/2023	Texas Gas Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.59	PO Box 219913
		Kansas City, MO 64121-9913
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Utilities for Austin apartment
		Cuities for Austin apartment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/16/2023	Texas Gas Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.22	PO Box 219913
		Kansas City, MO 64121-9913
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		X Check if Austin, TX, officeholder living expense Utilities for Austin apartment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/02/2023	Texas House Republican Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO BOX 13305
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Caucus dues
		Caucus uues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/27 Rpt: 26/32	Klick, Stephanie D. (The Honorable) 00057431
4	Date	5 Payee name
	03/01/2023	UPS Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$63.00	8553 N Beach St
		Fort Worth, TX 76244
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Express mail
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	03/03/2023	UT Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.00	1900 University Ave
		Rm LL014
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Parking
		T Willing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/13/2023	UT Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.00	1900 University Ave
		Rm LL014
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Expense Check if Austin, TX, officeholder living expense Parking
		Faiking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
I		

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ry not listed above)
1	Total pages Schedule F1:		cs Commission Filers)
Ĺ	Sch: 23/27 Rpt: 27/32		
4	Date	5 Payee name	
	01/19/2023	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$28.77	Uber	
		1455 Market Street	
		San Francisco, CA 94103	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related	
		Expense	se
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
\vdash	Date	Payee name	
	01/19/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$26.41		
	4202	1455 Market Street	
		San Francisco, CA 94103	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related (b) Description Check if travel outside of Texas. Complete Science (Complete Science)	chedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expens	se
		Ride share to event	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	01/19/2023	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$16.63		
		1455 Market Street	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Equipment & Related	
		Expense Check if Austin, TX, officeholder living expens Ride share to event	50
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	DH	

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/Politica Credit Card Payment	/ - al Con	mmittee	Gift/Awards/Memorial Legal Services	•		/ages	/Contract Labor		Travel Out of D OTHER (enter	istrict a category not listed above)	
L		1.		The Instruction G	ulue explains	HOW TO COL	inple	te uns form.	<u> </u>			
1	Total pages Schedule F1:	ı							3		(Ethics Commission F	-ilers)
	Sch: 24/27 Rpt: 28/32		Klick, Steph	anie D. (The H	onorable)					00057431		
4	Date	ı	Payee name									
L	01/19/2023		Uber									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de	<u> </u>				
	\$14.46		Uber									
			1455 Mark	et Street								
			San Francis	sco, CA 94103								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Transportat	ion Equipment				_			mplete Schedule T.	
			Expense					Check if Austin, Ride share fo		officeholder livir	ng expense	
								Muc Shale 10	ле	venit		
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	aht			Office h	neld	
,	expenditure to benefit C/O		zanaldate/Om	centider name	`	omee sou	giit			Office i	iciu	
	Date		Payee name									
	01/26/2023		Uber									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$9.89		Uber									
			1455 Mark	et Street								
			San Francis	sco, CA 94103								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Transportat	ion Equipment				=			mplete Schedule T.	
	-		Expense					Check if Austin,		officeholder livir	ig expense	
								Mue shale 10	,, C	vent		
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld	
	expenditure to benefit C/OI	Η										
	Date		Payee name									
	01/30/2023		Uber									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$60.00		Uber									
			1455 Mark	et Street								
			San Francis	sco, CA 94103								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE			ion Equipment	& Related			브			mplete Schedule T.	
			Expense					Check if Austin,		officeholder livir	ng expense	
								Mue Shale IC	יו כ	v CIII		
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	neld	
	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 Committe

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

	Candidate/Officeholder/Politica Credit Card Payment	I 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/27 Rpt: 29/32	Klick, Stephanie D. (The Honorable) 00057431
4	Date	5 Payee name
	02/09/2023	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.98	Uber
		1455 Market Street
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		ride shale for event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/10/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.95	Uber
		1455 Market Street
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Ride share to vent
		ride share to vent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/17/2023	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	Uber
		1455 Market Street
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related
		Expense Check if Austin, TX, officeholder living expense
		Ride Share to event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Cor	Gift/Awards/Memorials Expense Printing Legal Services Salarie The Instruction Guide explains how to		nse T es/Contract Labor C	Tavel Out of District OTHER (enter a category not listed at	00ve)
	Total pages Schedule F1:	2	FILER NAME		3 F	Filer ID (Ethics Commiss	sion Filers)
_	Sch: 26/27 Rpt: 30/32		Klick, Stephanie D. (The Honorable)		0	00057431	
	Date	1	Payee name				
	02/21/2023	L	Uber				
6	Amount (\$)	7	Payee address; City; State; Zip	Code			
	\$8.09		Uber				
			1455 Market Street				
			San Francisco, CA 94103				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description		
	OF EXPENDITURE		Transportation Equipment & Related		=	of Texas. Complete Schedule T.	
			Expense		Check if Austin, TX, of Ride Share for eve	fficeholder living expense	
					Mue Share IOI eV	CIIL	
_	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office s	ough:	t	Office held	
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Office s	ougn	l	Office field	
	Date		Payee name				
	04/21/2023		Vici Media Group				
	Amount (\$)		Payee address; City; State; Zip	Code			
	\$320.26		5101 Bonneville Bend				
			Austin, TX 78744				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Description		
	EXPENDITURE		Advertising Expense		<u> </u>	of Texas. Complete Schedule T. fficeholder living expense	
					Website subscript		
					Tresente Subsempt		
	Complete ONLY if direct		Candidate/Officeholder name Office s	<u>l</u> sough	t	Office held	
	expenditure to benefit C/O						
	Date		Payee name				
	06/20/2023		Vici Media Group				
	Amount (\$)		Payee address; City; State; Zip	Code			
	\$360.29		5101 Bonneville Bend				
			Austin, TX 78744				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description		
	OF EXPENDITURE		Advertising Expense			of Texas. Complete Schedule T.	
					_	ice omail doployment	
					vvensile subscript	ion, email deployment	
	Complete ONLY if direct	Ļ	Candidata/Officeholder name	ough	t	Office held	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office s	ougn	ι	Office field	
	ms provided by Tayas F	. 1 1- ,	s Commission www.athics state to			Version V2.5	1.0100

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Food/Beverage Expense Polling Expense Travel in District Y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Klick, Stephanie D. (The Honorable) 00057431
5 Payee name
Vici Media Group
7 Payee address; City; State; Zip Code
5101 Bonneville Bend
Austin, TX 78744
(a) Category (See Categories listed at the top of this schedule) (b) Description
Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Website subscription and email blast
Candidate/Officeholder name Office sought Office held H

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 32/32 2 FILER NAME Filer ID (Ethics Commission Filers) Klick, Stephanie D. (The Honorable) 00057431 8 Amount (\$) Date 5 Name of person from whom amount is received 06/01/2023 Anthem Media & Message \$496.93 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78736 Purpose for which amount is received Check if political contribution returned to filer Refund/rebate for media buy Amount (\$) Name of person from whom amount is received Date 06/20/2023 Anthem Media & Message \$5,696.90 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78736 Purpose for which amount is received Check if political contribution returned to filer Refund/rebate media buy