

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00057431	<b>2 Total pages filed:</b> 17	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR The Honorable	FIRST Stephanie D.	MI	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 02/05/2024
	NICKNAME	LAST Klick	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 7592  Fort Worth, TX 76111		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt #      Amount
				Date Processed
				Date Imaged
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mr.	FIRST Chuck	MI	
	NICKNAME	LAST Lutz	SUFFIX	
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 2314 Carlise Avenue  Colleyville, TX 76034			
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE (817)	PHONE NUMBER 658-5582	EXTENSION	
<b>8 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9 PERIOD COVERED</b>	Month      Day      Year 01/01/2024	THROUGH		Month      Day      Year 01/25/2024
<b>10 ELECTION</b>	ELECTION DATE Month      Day      Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any) State Representative District 91		<b>12 OFFICE SOUGHT (if known)</b> State Representative District 91	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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**13 C / OH NAME** Klick, Stephanie D. (The Honorable) **14 Filer ID** (Ethics Commission Filers)  
00057431

**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
<input checked="" type="checkbox"/> GENERAL	Texas Realtors Political Action Committee
<input type="checkbox"/> SPECIFIC	<b>COMMITTEE ADDRESS</b> 1115 San Jacinto Suite 200 Austin, TX 78701
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b> Cantu, Leslie
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> P.O. Box 2246 Austin, TX 78768

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 137,646.20
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 60,267.36
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 268,082.89
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 27,000.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Stephanie D. Klick  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

# CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH  
ADDENDUM

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C / OH NAME	Klick, Stephanie D. (The Honorable)	Filer ID	(Ethics Commission Filers)
		00057431	

17 NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures ..	
	COMMITTEE TYPE	COMMITTEE NAME
	<input checked="" type="checkbox"/> GENERAL	Texas Alliance for Life PAC
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		8000 Centre Park Drive Suite 380 Austin, TX 78754
	COMMITTEE CAMPAIGN TREASURER NAME	Shaw, James
	COMMITTEE CAMPAIGN TREASURER ADDRESS	4505 Corazon CV  Round Rock, TX 78681

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

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<b>18 FILER NAME</b> Klick, Stephanie D. (The Honorable)	<b>19 Filer ID</b> (Ethics Commission Filers) 00057431
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<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 117,125.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 20,521.20
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 60,267.36
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 5/17
<b>2</b> FILER NAME Klick, Stephanie D. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00057431
<b>4</b> Date 01/22/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Austin Firefighters Association PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78752	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Baker, Michelle <hr/> Contributor address; City; State; Zip Code  Belton, TX 76513	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions) BSW Health
Date 01/25/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00117838 ) Baxter Healthcare <hr/> Contributor address; City; State; Zip Code  Washington, DC 20005	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bishop, Harold <hr/> Contributor address; City; State; Zip Code  Lufkin, TX 75904	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions) Emergency Health
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cantella, Richard <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Texas Star Alliance

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 6/17
<b>2</b> FILER NAME Klick, Stephanie D. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00057431
<b>4</b> Date 01/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Collins Jr., William <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76147	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dade Phelan Campaign <hr/> Contributor address; City; State; Zip Code  Austin, TX 78763	Amount of Contribution (\$)  \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Day, Paula <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Friends of the TTU System PAC <hr/> Contributor address; City; State; Zip Code  Lubbock, TX 79409	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gore, Rex <hr/> Contributor address; City; State; Zip Code  Austin, TX 78735	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) ClearScapes		Employer (See Instructions) Manager

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/5 Rpt: 7/17
2 FILER NAME Klick, Stephanie D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00057431
4 Date 01/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HillCo PAC	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code  Austin, TX 78701	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacob, Martha	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Hurst, TX 76053	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Tim	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76179	
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions) North Star Anesthesia
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manahan, Ryne	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code  Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) PPO Check LTD
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Tim	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions) Cloud Nine Anesthesia

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 8/17
<b>2</b> FILER NAME Klick, Stephanie D. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00057431
<b>4</b> Date 01/09/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00033969 ) Novartis PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20004	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Populus Financial Group Texas PAC <hr/> Contributor address; City; State; Zip Code  Irving, TX 75062	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Reed, Gerald <hr/> Contributor address; City; State; Zip Code  Corinth, TX 76210	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) CRNA		Employer (See Instructions) USAP
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stankowski, Gary <hr/> Contributor address; City; State; Zip Code  Houston, TX 77025	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) PPO Check
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TAPA PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 9/17
<b>2</b> FILER NAME Klick, Stephanie D. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00057431
<b>4</b> Date 01/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans for Lawsuit Reform PAC	<b>7</b> Amount of Contribution (\$) \$50,000.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans for Responsible Government	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas House Republican Caucus PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78737		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Oil & Gas Association Good Government Committee	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/17	
2 FILER NAME Klick, Stephanie D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00057431	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/24/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greg Abbott Campaign	8 Amount of contribution (\$) \$20,521.20	9 In-kind contribution description Digital advertising
	7 Contributor address; City; State; Zip Code  Austin, TX 76767	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/7 Rpt: 11/17	<b>2</b> FILER NAME Klick, Stephanie D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00057431
<b>4</b> Date 01/02/2024	<b>5</b> Payee name AT & T	
<b>6</b> Amount (\$) \$222.19	<b>7</b> Payee address; City; State; Zip Code PO Box 5014  Carol Stream, IL 60197-5014	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Internet for Austin apartment
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/08/2024	Payee name Bacon's Bistro	
Amount (\$) \$38.24	Payee address; City; State; Zip Code 714 Grapevine Hwy A  Hurst, TX 76054	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast with constituents
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2024	Payee name City of Austin Utilities	
Amount (\$) \$61.28	Payee address; City; State; Zip Code P.O. Box 2267  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Utilities for Austin apartment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/7 Rpt: 12/17	<b>2</b> FILER NAME Klick, Stephanie D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00057431
<b>4</b> Date 01/22/2024	<b>5</b> Payee name DeVivo Bros Eatery	
<b>6</b> Amount (\$) \$152.80	<b>7</b> Payee address; City; State; Zip Code 750 S Main St Unit 165 Keller, TX 76248	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal with staff
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/25/2024	Payee name Flex Point Media	
Amount (\$) \$45,300.00	Payee address; City; State; Zip Code PO Box 1051  New Albany, OH 43054	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TV ad placement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/05/2024	Payee name Graphics Management	
Amount (\$) \$1,098.80	Payee address; City; State; Zip Code 9322 Moss Trail  Dallas, TX 75231	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards printing & shipping
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/7 Rpt: 13/17	<b>2</b> FILER NAME Klick, Stephanie D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00057431
<b>4</b> Date 01/18/2024	<b>5</b> Payee name Graphics Management	
<b>6</b> Amount (\$) \$11,015.43	<b>7</b> Payee address; City; State; Zip Code 9322 Moss Trail  Dallas, TX 75231	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design, printing & postage
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/24/2024	Payee name Graphics Management	
Amount (\$) \$1,491.34	Payee address; City; State; Zip Code 9322 Moss Trail  Dallas, TX 75231	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design, printing and delivery of push cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2024	Payee name Hill Country Springs	
Amount (\$) \$33.32	Payee address; City; State; Zip Code Hill Country Springs 10019 S. IH 35 Austin, TX 78747	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water for Capitol office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/7 Rpt: 14/17	<b>2</b> FILER NAME Klick, Stephanie D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00057431
<b>4</b> Date 01/25/2024	<b>5</b> Payee name Legend Bank	
<b>6</b> Amount (\$) \$25.00	<b>7</b> Payee address; City; State; Zip Code 6851 NE Loop 820, Suite 100  North Richland Hills, TX 76180	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Wire fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2024	Payee name Mail Chimp	
Amount (\$) \$85.28	Payee address; City; State; Zip Code 512 Means  Atlanta, GA 30328	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email service provider
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/19/2024	Payee name Texas Gas Service	
Amount (\$) \$54.02	Payee address; City; State; Zip Code PO Box 219913  Kansas City, MO 64121-9913	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Utilities for Austin apartment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 5/7 Rpt: 15/17	<b>2</b>	FILER NAME Klick, Stephanie D. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00057431
<b>4</b>	Date 01/16/2024	<b>5</b>	Payee name Vici Media Group		
<b>6</b>	Amount (\$) \$320.28	<b>7</b>	Payee address; City; State; Zip Code 5101 Bonneville Bend  Austin, TX 78744		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/25/2024		Payee name Win Red Technical Sevices		
	Amount (\$) \$3.94		Payee address; City; State; Zip Code 1776 WILSON BLVD, Suite 530  Arlington, VA 22219		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/25/2024		Payee name Win Red Technical Sevices		
	Amount (\$) \$157.60		Payee address; City; State; Zip Code 1776 WILSON BLVD, Suite 530  Arlington, VA 22219		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/7 Rpt: 16/17	<b>2</b> FILER NAME Klick, Stephanie D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00057431
<b>4</b> Date 01/22/2024	<b>5</b> Payee name Win Red Technical Sevices	
<b>6</b> Amount (\$) \$3.94	<b>7</b> Payee address; City; State; Zip Code 1776 WILSON BLVD, Suite 530  Arlington, VA 22219	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/21/2024	Payee name Win Red Technical Sevices	
Amount (\$) \$0.99	Payee address; City; State; Zip Code 1776 WILSON BLVD, Suite 530  Arlington, VA 22219	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/21/2024	Payee name Win Red Technical Sevices	
Amount (\$) \$3.94	Payee address; City; State; Zip Code 1776 WILSON BLVD, Suite 530  Arlington, VA 22219	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card Processing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/7 Rpt: 17/17	<b>2</b> FILER NAME Klick, Stephanie D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00057431
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<b>4</b> Date 01/21/2024	<b>5</b> Payee name Win Red Technical Sevices
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<b>6</b> Amount (\$) \$1.97	<b>7</b> Payee address; City; State; Zip Code 1776 WILSON BLVD, Suite 530  Arlington, VA 22219
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/20/2024	Payee name Win Red Technical Sevices
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Amount (\$) \$197.00	Payee address; City; State; Zip Code 1776 WILSON BLVD, Suite 530  Arlington, VA 22219
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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