CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Ir	nstruction (Guide explains how to c	omplete this form.	1 Filer ID (Ethics Commis 00057431	,	2 Total pages	s filed: 21	
3 CANDID	ATE /	MS / MRS / MR	FIRST	•	MI		USE ONLY	
OFFICEI NAME	HOLDER	The Honorable	Stephanie D.			Date Received		
						ELECTRONI	CALLY FILED	
		NICKNAME	LAST		SUFFIX	. 01/15/2025		
			Klick		00111/			
4 CANDID		ADDRESS / PO BOX;	APT / SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivere	d or Date Postmarked	
MAILING		P.O. Box 7592				Receipt #	Amount	
	e of Address	Fort Worth TV 7611						
	e of Address	Fort Worth, TX 76112	L			Date Processed		
						Date Imaged		
5 CAMPAI		MS / MRS / MR	FIRST		MI	-		
TREASU NAME	JRER	Mr.	Chuck					
		NICKNAME	LAST		SUFFIX			
			Lutz					
6 CAMPAI	CN	STREET ADDRESS (N		AD-	Γ / SUITE #; CITY;		TATE; ZIP CODE	
TREASU	JRER	2314 Carlise Avenue		AP	T/SUILE#, CITT,	2	STATE, ZIP CODE	
ADDRES								
(Residence	or Business)	Colleyville, TX 76034						
7 CAMPAI TREASU			PHONE NUMBER	EXTENSION				
PHONE		(817) 658-5582						
8 REPORT	Г							
TYPE		X January 15	30th day before	e election	Runoff		campaign treasurer officeholder only)	
		July 15	8th day before	election	Exceeded modified reporting limit		Attach C/OH-FR)	
9 PERIOD		Month Day Y	′ear		Month Day	Year		
COVERE	ED	07/01/2024	TI	HROUGH	12/31/202	4		
10 ELECTIO	N	ELECTION DAT	re l		ELECTION TYPE			
		Month Day Y	′ear 🛛 🗖 F	Primary	Runoff	Other		
				General	Special			
11 OFFICE		OFFICE HELD (if any)	District 01 Tamant		12 OFFICE SOUGHT			
		State Representative	District 91 Tarrant		State Representa	ative District 9.	L	
		I			I			
	GO TO PAGE 2							
Forms prov	ided by Te	xas Ethics Commission	n www.ei	thics.state.tx.u	S	Ver	sion V4.1.0.5dd2ace2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2 2 of 21

13 C / OH NAME	Klick, Stephanie D. (1	14 Filer ID (E 00057431	Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or officel	holder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS	\$ 0.00								
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	\$ 0.00					
EXPENDITURE TOTALS									
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 18,645.67					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 24,222.01					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 27,000.00					
17 AFFIDAVIT	•			•					
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.							
		The Honor	able Stephanie D. Kli	ck					
		Signature of	Candidate or Officehold	ler					
AFFIX NOT	AFFIX NOTARY STAMP / SEAL ABOVE								
Sworn to and subso	Sworn to and subscribed before me, by the said day								
Signature of offic	er administering	Printed name of officer administering	Title of officer	administering oath					
Forms provided by Tex	kas Ethics Commission	www.ethics.state.tx.us		/ersion V4.1.0.5dd2ace2					

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 21 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00057431 Klick, Stephanie D. (The Honorable) **20** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1. \$ 0.00 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ З. 4. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 18,645.67 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. X \$ 30.67 TO FILER

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburser Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Lab	nse Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 1/17 Rpt: 4/21	Klick, Stephanie D. (The Honorable)	00057431						
4	Date 12/31/2024	Payee name AT & T							
6	Amount (\$) \$235.78	Payee address; City; State; Zip Code PO Box 5014 Carol Stream, IL 60197-5014 Carol Stream, IL 60197-5014							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Cable & internet for Austin apartment									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/03/2024	AT & T							
	Amount (\$) \$230.76	Payee address; City; State; Zip Code PO Box 5014 Carol Stream, IL 60197-5014							
	PURPOSE OF EXPENDITURE	X Check if	on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense Internet for Austin apartment						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/30/2024	AT & T							
	Amount (\$) \$230.76	Payee address;City;State; Zip CodePO Box 5014							
		Carol Stream, IL 60197-5014							
	PURPOSE OF EXPENDITURE		on travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense internet for Austin apartment						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbur Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract I The Instruction Guide explains how to complete this for	Kpense Transportation Equipment & Related Expense Travel in District Travel Out of District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 2/17 Rpt: 5/21	Klick, Stephanie D. (The Honorable)00057431							
4	Date 10/01/2024	Payee name AT & T							
6	Amount (\$) \$222.19	Payee address; City; State; Zip Code PO Box 5014 Carol Stream, IL 60197-5014							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Cable & internet Austin apartment									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/03/2024	AT & T							
	Amount (\$) \$222.19	Payee address; City; State; Zip Code PO Box 5014 Carol Stream, IL 60197-5014							
	PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense & internet for Austin apartment						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/30/2024	AT & T							
	Amount (\$) \$222.19	Payee address; City; State; Zip Code PO Box 5014							
		Carol Stream, IL 60197-5014							
	PURPOSE OF EXPENDITURE		ttion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense & internet for Austin apartment						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mittee Legal Se	verage Expense ds/Memorials Expense rvices	Of Po Pr Sa	office Overh olling Expe rinting Expe alaries/Wa	ense jes/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
Ļ		1_		truction Guide exp	lains nov	N to com	plete this form.	1_		
1	Total pages Schedule F1: Sch: 3/17 Rpt: 6/21		FILER NAME Klick, Stephanie D	. (The Honorabl	e)			3	Filer ID 00057431	(Ethics Commission Filers)
4	Date	5	Payee name					•		
	07/02/2024		AT & T							
6	Amount (\$) \$222.19									
8	PURPOSE	(a)		rice listed at the tap of t	aic cohodul	In) () Description			
8 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. X Check if Austin, TX, officeholder living expense Cable & internet for Austin apartment						expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	er name	Offic	ce sougl	it		Office he	ld
	Date		Payee name							
	07/17/2024		Brannon, Kevin							
Amount (\$) Payee address; City; State; Zip Code										
	\$4,000.00		1911 Lorraine Allen, TX 75002-2							
PURPOSE OF EXPENDITURE			Category (See Catego Consulting Expen:		nis schedul	le) (I		n, TX,	de of Texas. Comp officeholder living NG	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	er name	Offic	ce sougl	nt		Office he	ld
	Date		Payee name							
	11/22/2024		CFS Flowers & Gi	fts						
	Amount (\$) \$212.97		Payee address; 220-15 Reservoir		State; Z	Zip Code	2			
			Needham, MA 024	194		i				
	PURPOSE OF EXPENDITURE		Category _{(See Catego} Office Overhead/F	•	nis schedul	le) (I		n, TX,	de of Texas. Comp officeholder living for former S	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	er name	Offic	ce sougl	it		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)						
	Sch: 4/17 Rpt: 7/21	Klick, Stephanie D. (The Honorable)	00057431						
4	Date 07/16/2024	Payee name Camelback Strategy Group							
6	Amount (\$) \$3,284.00	 Payee address; City; State; Zip Code 2801 E Camelback Rd Ste 200 Phoenix, AZ 85016 							
8	PURPOSE OF EXPENDITURE	Dolling Expanse							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/31/2024	City of Austin Utilities							
	Amount (\$) \$60.13	Payee address; City; State; Zip Code P.O. Box 2267 Austin, TX 78701							
	utside of Texas. Complete Schedule T. TX, officeholder living expense Stin apartment								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/03/2024	City of Austin Utilities							
	Amount (\$) \$65.64	Payee address;City;State;Zip CodeP.O. Box 2267							
		Austin, TX 78701							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Stin apartment						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense Printing Expense cal Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Transportati Travel in Dis Travel Out o				
1	Total pages Schedule F1:	2 FILER	NAME				3 Filer ID	(Ethics Commission Filers)	
	Sch: 5/17 Rpt: 8/21		Stephanie D. (T	he Honorable)			0005743	31	
4	Date	Payee	name						
	11/04/2024	City o	f Austin Utilities						
6	Amount (\$)	7 Payee	address; City	; State	; Zip Co	le			
	\$79.92	P.O. I	3ox 2267						
		Austin, TX 78701							
8	PURPOSE OF			isted at the top of this sch	hedule)	(b) Description			
	EXPENDITURE	Office	Overhead/Ren	al Expense		Check if travel		Complete Schedule T.	
						Utilities for A			
							·		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candida	ate/Officeholder na	ame (Office sou	ht	Office	e held	
	Date	Payee	name						
10/04/2024 City of Austin Utilities									
Amount (\$) Payee address; City; State; Zip Code									
	\$90.01 P.O. Box 2267								
		Austir	n, TX 78701						
	PURPOSE OF			sted at the top of this sch	hedule)	(b) Description			
	EXPENDITURE	Office	Overhead/Ren	al Expense		X Check if Austir		Complete Schedule T. living expense	
						Utilities for A			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	ate/Officeholder na	ame (Office sou	ht	Office	e held	
	Date	Payee	name						
	09/03/2024	City o	f Austin Utilities						
	Amount (\$)	Payee	address; City	; State	; Zip Co	le			
	\$64.00	P.O. I	3ox 2267						
		Austir	n, TX 78701						
	PURPOSE OF			sted at the top of this sch	hedule)	(b) Description			
	EXPENDITURE	Office	Overhead/Ren	al Expense		Check if travel		Complete Schedule T.	
						Utilities for A			
-	Complete ONLY if direct	Candida	ate/Officeholder na	ame	Office sou	Iht	Offic	e held	
	expenditure to benefit C/OI						2.110		
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)						
-	Sch: 6/17 Rpt: 9/21	Klick, Stephanie D. (The Honorable)	00057431						
4	Date 08/02/2024	5 Payee name City of Austin Utilities							
6	Amount (\$) \$62.62								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Utilities for Austin apartment									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/02/2024	City of Austin Utilities							
	Amount (\$) Payee address; City; State; Zip Code \$87.52 P.O. Box 2267 Austin, TX 78701								
	PURPOSE OF EXPENDITURE	X Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense stin apartment						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/03/2024	Donna Davidson Attorney at Law							
	Amount (\$) \$520.00	Payee address; City; State; Zip Code P.O. Box 12131							
		Austin, TX 78711							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Me Inmittee Legal Services	ees Office Overhead/Rental Expense Transpond/Rental Expense ood/Beverage Expense Polling Expense Travel Sift/Awards/Memorials Expense Printing Expense Travel				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2					3	Filer ID (Ethics Commission Filers)
-	Sch: 7/17 Rpt: 10/21	2	Klick, Stephanie D. (T	he Honorable)				00057431
4	Date	5	Payee name					
	10/28/2024		Estancia					
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$275.10		10000 Research Blvd,	Ste B.				
			Austin, TX 78759					
8	PURPOSE	(a)	Category (See Categories lis	sted at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Exper	ise				ide of Texas. Complete Schedule T.
						Staff lunch	I, IX,	, officeholder living expense
						Stall functi		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder na	me C	ן Dffice souנָ	Jht		Office held
	Date		Payee name					
	11/14/2024		Go Daddy					
Amount (\$) Payee address; City; State; Zip Code								
	\$242.28		14455 N. Hayden Rd.	Ste 226				
			Scottsdale, AZ 85260					
	PURPOSE	(a)	Category (See Categories lis	sted at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Advertising Expense	·	,			ide of Texas. Complete Schedule T.
								, officeholder living expense
						Domain nam	es,	email accounts, data storage
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Officeholder na	me C	Office sou	jht		Office held
	Date		Payee name					
	11/14/2024		Go Daddy					
-	Amount (\$)		Payee address; City	State:	Zip Co	le		
	\$98.07		14455 N. Hayden Rd.					
			Scottsdale, AZ 85260					
	PURPOSE	(a)	Category (See Categories lis	sted at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.
								, officeholder living expense
						Email service	e pr	oviuer
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder na	me C	Office sou	jht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)						
	Sch: 8/17 Rpt: 11/21	Klick, Stephanie D. (The Honorable)	00057431						
4	Date 07/09/2024	5 Payee name Go Daddy							
6	Amount (\$) \$47.34								
8	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense renewal						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Office held							
	Date	Payee name							
	07/09/2024	Go Daddy							
	Amount (\$) \$58.34	Payee address; City; State; Zip Code 14455 N. Hayden Rd. Ste 226 Scottsdale, AZ 85260							
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense renewal						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/04/2024	Hill Country Springs							
	Amount (\$) \$10.83	Payee address; City; State; Zip Code Hill Country Springs 10019 S. IH 35 Austin, TX 78747							
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense tol office						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	Event Expense Loan R Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epayme Dverhea Expens Expen S/Wage	ent/Reimbursement ad/Rental Expense se ise is/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 9/17 Rpt: 12/21		Klick, Stephanie D. (The Honorable)				00057431			
4	Date	5	Payee name		•					
	07/02/2024		Hill Country Springs							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$24.82		Hill Country Springs							
			10019 S. IH 35							
			Austin, TX 78747							
_	BUBBAAF			10						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(0)	Description	outoi	de of Toylog, Complete Schodule T			
	EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T. officeholder living expense			
					Water for Cap					
9	Complete ONLY if direct		Candidate/Officeholder name Office so	Jught			Office held			
	expenditure to benefit C/OI	Η								
	Date		Payee name							
	08/02/2024		Hill Country Springs							
Amount (\$) Payee address; City; State; Zip Code										
	\$10.05		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				de of Texas. Complete Schedule T.			
							officeholder living expense			
					Water for Cap	DITO	опсе			
	Complete ONLY if direct	Ľ	Candidate/Officeholder name Office so				Office held			
	expenditure to benefit C/OI		Candidate/Officeholder name Office so	Jugin			Onice neid			
╞	Date		Payee name							
	09/04/2024		Hill Country Springs							
	Amount (\$)		Payee address; City; State; Zip 0	Code						
	\$30.82		Hill Country Springs							
			10019 S. IH 35							
			Austin, TX 78747							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description	, .				
	EXPENDITURE		Food/Beverage Expense				de of Texas. Complete Schedule T.			
					Water for Cap		officeholder living expense			
					valer ior Cap	5110	i onice			
		Ľ	Candidate/Officebolder some				Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office so	Jught			Office held			

	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 E Legal Services	Office Overhead/Rental Expense T age Expense Polling Expense T /Memorials Expense Printing Expense T			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 10/17 Rpt: 13/21		Klick, Steph	anie D. (The Ho	norable)				00057431		
4	Date	5	Payee name								
	10/02/2024		Hill Country Springs								
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$10.83		Hill Country Springs								
			10019 S. IH	35							
			Austin, TX 7	8747							
8	PURPOSE	(a)					(b) Description				
ľ	OF	(")		e Categories listed at the age Expense	e top of this sch	iedule)		outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE			age Expense					, officeholder living		
							Water for Ca	pitc	ol office		
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							eld				
	Date		Payee name								
	07/16/2024		Install Conn	ect							
Amount (\$) Payee address; City; State; Zip Code											
	\$1,250.00	\$1,250.00 505 W. State Street									
			Garland, TX	75040							
	PURPOSE OF EXPENDITURE	(a)	Category (Se Advertising	e Categories listed at th Expense	e top of this sch	iedule)		, TX	ide of Texas. Com , officeholder living ement & retri	g expense	
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sour	iht		Office he	eld	
	expenditure to benefit C/OI	Н				·					
_	Date		Payee name								
	10/25/2024		Lane, Rober	t							
	Amount (\$)		Payee addres		Stato	; Zip Co	10				
	\$5,000.00		5017 Glenso		State,	, zip co					
	\$5,000.00		JULT CIENS	Jape							
			Fort Worth,	TX 76137							
	PURPOSE OF	(a)		e Categories listed at th		edule)	(b) Description			riete Ochodule T	
	EXPENDITURE		Salaries/Wa	ges/Contract La	bor			, TX	ide of Texas. Com , officeholder living		
-	Complete ONLY if direct	L(Candidate/Offic	ceholder name	(Dffice sou	aht		Office he	eld	
	expenditure to benefit C/OI						, -		2		

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2		<u>-</u>		•	3	Filer ID (Ethics Commission Filers)				
-	Sch: 11/17 Rpt: 14/21		Klick, Stephanie D. (The Hond	orable)				00057431				
4	Date	5	Payee name									
	12/31/2024		Legend Bank									
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de						
	\$75.00		6851 NE Loop 820, Suite 100									
			·									
			North Richland Hills, TX 7618	0								
8	PURPOSE	<u> </u>				(b) Decerimtica						
0	OF		Category (See Categories listed at the t	op of this sch	nedule)	(b) Description	outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		Accounting/Banking					, officeholder living expense				
						Service Char	ge					
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice sou	yht		Office held				
	Date		Payee name									
	11/29/2024		Legend Bank									
	Amount (\$)	-	Payee address; City;	State	; Zip Co	10						
	\$75.00		6851 NE Loop 820, Suite 100	State	, zip coi							
	Φ75.00		0051 NE LUUP 020, Suite 100									
			North Richland Hills, TX 7618	0								
PURPOSE OF EXPENDITURE			Category (See Categories listed at the t Accounting/Banking	ed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Service charge								
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held H						Office held				
-	Date		Payee name									
	10/31/2024		Legend Bank									
	Amount (\$)		Payee address; City;	Stato	; Zip Co							
	\$75.00		6851 NE Loop 820, Suite 100	Slale,	, zip coi							
	Φ75.00		0051 NE LUUP 020, Suite 100									
			North Richland Hills, TX 7618	0								
	PURPOSE	(a)	Category (See Categories listed at the t	op of this sch	nedule)	(b) Description						
	OF Accounting/Banking Check if travel outside of Texas. Complete Schedule T.											
								, officeholder living expense				
						Service char	ge					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Office sou	Jht		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guid		Loan Repa Office Over Polling Exp Printing Ex Salaries/W	Transportation Equipm Travel in District Travel Out of District			
1	Total pages Schedule F1:	2					3	Filer ID (Eth	hics Commission Filers)
-	Sch: 12/17 Rpt: 15/21	2	Klick, Stephanie D. (The Hond	orable)				00057431	
4	Date	5	Payee name						
	09/30/2024		Legend Bank						
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de			
	\$75.00		6851 NE Loop 820, Suite 100)					
			North Richland Hills, TX 7618	0					
8	PURPOSE	(a)				(h) Deceriptic			
0	OF	(a)	Category (See Categories listed at the t Accounting/Banking	top of this sch	nedule)	(b) Descriptic Check if		tside of Texas. Complete S	Schedule T.
	EXPENDITURE		Accounting/Banking					X, officeholder living expe	
						Service (Charge	е	
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	jht		Office held	
	Date		Payee name						
	08/30/2024		Legend Bank						
_	Amount (\$)		Payee address; City;	State	; Zip Co	le			
	\$75.00		6851 NE Loop 820, Suite 100		, zip coo				
	φ/ 5.00		0051 NE 2000 020, Suite 100						
			North Richland Hills, TX 7618	0					
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 Check if Austin, TX, officeholder living expense Service charge 						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	(Dffice sou	Jht		Office held	
-	Date		Payee name						
	07/31/2024		Legend Bank						
	Amount (\$)		Payee address; City;	State	; Zip Co	٩Þ			
	\$75.00		6851 NE Loop 820, Suite 100		, בוף כסו				
	\$10.00			, ,					
			North Richland Hills, TX 7618	0					
	PURPOSE	(a)	Category (See Categories listed at the t	top of this sch	nedule)	(b) Descriptio			
	OF EXPENDITURE		Accounting/Banking					tside of Texas. Complete s	
								X, officeholder living expe	inse
						Service (Charge	e	
					- 11				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	jht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T / - Gift/Awards/Memorials Expense Printing Expense T						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID (Ethics Commission Filers)
	Sch: 13/17 Rpt: 16/21		Klick, Stephanie D. (The Honorabl	e)					00057431
4	Date 12/16/2024	5	Payee name Mail Chimp						
6	Amount (\$) \$98.07	7	Payee address; City; S 512 Means Atlanta, GA 30328	State;	; Zip Coo	de			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of t Advertising Expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ght			Office held
	Date		Payee name						
	07/15/2024		Mail Chimp						
	Amount (\$)		Payee address; City; S	State;	; Zip Coo	de			
	\$98.07		512 Means Atlanta, GA 30328						
PURPOSE OF EXPENDITURE								de of Texas. Complete Schedule T. officeholder living expense ovider	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						Office held	
	Date		Payee name						
	08/15/2024		Mail Chimp						
	Amount (\$) \$98.07		Payee address; City; S 512 Means	State;	; Zip Coo	de			
			Atlanta, GA 30328						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of t Advertising Expense	his sch	nedule)			, TX,	de of Texas. Complete Schedule T. officeholder living expense rovider
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Committee Legal Services 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)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 14/17 Rpt: 17/21	Klick, Stephanie D. (The Honorable)	00057431					
4	Date 09/16/2024	Payee name Mail Chimp						
6	Amount (\$) \$98.07	Payee address; City; State; Zip Code 512 Means Atlanta, GA 30328						
8	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense provider					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/14/2024	Mail Chimp						
	Amount (\$) \$98.07	Payee address; City; State; Zip Code 512 Means						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. IX, officeholder living expense D rovider					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/19/2024	Texas Gas Service						
	Amount (\$) \$25.67	Payee address;City;State;ZipCodePO Box 219913						
		Kansas City, MO 64121-9913						
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. IX, officeholder living expense stin apartment					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

			EXPENDITURE CATEGORIES	S FOR B	OX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Event Expense Lo. Fees Off Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri mittee Legal Services Sa The Instruction Guide explains how	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 15/17 Rpt: 18/21		Klick, Stephanie D. (The Honorable)				00057431
4	Date 11/15/2024		Payee name Texas Gas Service				
6	Amount (\$) \$27.76		Payee address; City; State; Z PO Box 219913 Kansas City, MO 64121-9913	Zip Code			
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule Image: Check if Austin, TX, officeholder living expense Utilities for Austin apartment						officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Offic	ce sought	I		Office held
	Date		Payee name				
	10/16/2024		Texas Gas Service				
	Amount (\$) \$28.20		Payee address; City; State; Z PO Box 219913	Zip Code			
			Kansas City, MO 64121-9913				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule Office Overhead/Rental Expense	_{ie)} (b		, тх,	de of Texas. Complete Schedule T. officeholder living expense n apartment
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name Offic	ce sought	1		Office held
	Date		Payee name				
	09/17/2024		Texas Gas Service				
	Amount (\$) \$27.12		Payee address; City; State; Z PO Box 219913	Zip Code			
			Kansas City, MO 64121-9913	i			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule Office Overhead/Rental Expense	le) (b)		, тх,	de of Texas. Complete Schedule T. officeholder living expense partment
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Offic	ce sought	[Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor					Travel in District Travel Out of District	oment & Related Expense
1	Total pages Schedule F1:						3	Filer ID (F	Ethics Commission Filers)
1	Sch: 16/17 Rpt: 19/21	FILER NAME 3 Filer ID (Ethics Comm Klick, Stephanie D. (The Honorable) 00057431							
4	Date	Payee na	me						
	08/16/2024	Texas G	as Service						
6	Amount (\$) 7 Payee address; City; State; Zip Code \$27.14 PO Box 219913								
		Kansas	City, MO 64121-991	3					
8	PURPOSE OF		(See Categories listed at the		edule)	b) Description			
	EXPENDITURE	Office O	verhead/Rental Exp	ense				de of Texas. Complete officeholder living exp	
						X Check if Austir			Jense
								in apartmont	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/	Officeholder name	C	Dffice soug	nt		Office held	
	Date	Payee na	me						
	07/18/2024	Texas G	as Service						
	Amount (\$)	Payee ad	dress; City;	State;	; Zip Cod	е			
	\$28.16	PO Box		,	, 1				
			City, MO 64121-991						
	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 in Check if Austin, TX, officeholder living expense Utilities for Austin apartment 							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	C	Office soug	nt		Office held	
	Date	Payee na	me						
	10/01/2024	,	obby Guide						
-	Amount (\$)	Payee ad	dress; City;	State:	; Zip Cod	e			
	\$54.13		461753		·				
		San Ante	onio, TX 78246						
	PURPOSE OF EXPENDITURE		(See Categories listed at the verhead/Rental Exp		edule) (η, TX,	de of Texas. Complete , officeholder living exp Iewal	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/	Officeholder name	С	Dffice soug	nt		Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event E: Fees Food/Be Gift/Awa nittee Legal Se	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services 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)	
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 17/17 Rpt: 20/21	k	(lick, Stephanie [D. (The Honorable)				00057431	
4	Date	5 F	ayee name						
	11/21/2024	ι	J-Haul						
6	Amount (\$) \$109.06	5	Payee address; 5101 NE Loop 82	20	e; Zip Code	2			
			Haltom City, TX 7	/6137					
8	B PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF EXPENDITURE Office Overhead/Rental Expense (b) Description Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Trailer rental								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	ler name	Office sough	t		Office he	ld
	Date	F	Payee name						
	11/18/2024	ι	J-Haul Moving H	elp					
	Amount (\$) \$205.95	5	Payee address; 5101 NE Loop 82 Haltom City, TX 7	20	e; Zip Code				
	PURPOSE OF EXPENDITURE					l outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officehold	ler name	Office sough	t		Office he	ld

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	pages Schedule K: 1/1 Rpt: 21/21				
2	FILER NAME Klick, Stepha	D (Ethics Commission Filers) 7431				
4	Date 11/22/2024	5	Name of person from whom amount is received Hill Country Springs			8 Amount (\$) \$30.67
		6	Address of person from whom amount is received; City; State; Zip Code			
		7	Austin, TX 78747			
		ľ	Purpose for which amount is received Check if p Refund	olitic	cal cont	tribution returned to filer