CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	te this form.	1 Filer ID (Ethics Commis 00086453		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable	Staci D.			Date Received	
					ELECTRONICA	I I Y FII FD
	NICKNAME	LAST		CUETIV	07/15/2025	
	NICKNAME	Childs		SUFFIX	01113/2023	
		Cilius				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	2000 Crawford Street					_
ADDRESS	Suite 0853				Receipt #	Amount
Change of Address	Houston, TX 77002				Date Processed	1
"					Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER		Phil				
NAME	IVII.					
	NICKNAME			CUETIV		
		LAST Vhondo		SUFFIX		
		VIIOIIUO				
2 0445404	OTDEET ADDRESS (NO DO D	201/ 51 5405)	4.00	- / OLUTE // OLTY	07.1	715 0055
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO E	BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	2000 Crawford Street					
(Residence or Business)	Suite 0853					
	Houston, TX 77002					
7 CAMPAIGN	AREA CODE PHONE	E NUMBER E	EXTENSION			
TREASURER		E NOWBER E	EXTENSION			
PHONE	(404) 376-1451					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after cam	ıpaian treasurer
		1	ш	_	appointment (office	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attac	ch C/OH-FR)
				reporting iiriit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE	<u> </u>		ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	1		12 OFFICE SOUGHT	(if known)	
	State Board Of Education I	District 4 Harris	;		Education District 4	4
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 20

13 C / OH NAME	Childs, Staci D. (The	Honorable)	14 Filer ID 00086453	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 2,074.89
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 4,149.78
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 2,830.20
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 5,660.40
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.		
		The Ho	norable Staci D. Child	s
		Signature o	f Candidate or Officehol	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	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			OVER OFFEE	3 of 20					
Childs,	18 FILER NAME19 Filer ID(Ethics Commission Filers)Childs, Staci D. (The Honorable)00086453								
20 SCHED NAME (SUBTOTAL A	4MOUNT							
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,149.78					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE E: LOANS		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	5,660.40					
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.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$						

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDU	LE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/20	
2	FILER NAME Childs, Staci	D. (The Honorable)		3	Filer ID (Ethics Commission 00086453	on Filers)
4	Date 02/04/2025			7	Amount of Contribution (\$)	\$1,000.00
_	Delicalis al access	Houston, TX 77004	S. Faralana (Garalantani)			
8	Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions Sunnyside Legal)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/10/2025 Childs, Staci Danielle Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$300.00
		Houston, TX 77004				
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Sunnyside Legal)		
	Date 04/15/2025	Full name of contributor out-of-state PAC (ID#:_Childs, Staci Danielle Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$286.85
		Houston, TX 77004				
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Sunnyside Legal)		
	Date 02/25/2025	Full name of contributor out-of-state PAC (ID#:_ETC Lab Contributor address; City; State; Zip Code Houston, TX 77002)		Amount of Contribution (\$)	\$488.04
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

se Travel in District
ise Travel Out of District
ordered OTHER (enter a c

	Credit Card Payment	The Instruction Guide explains how to compl	lete this forr	m.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 1/16 Rpt: 5/20	Childs, Staci D. (The Honorable)			00086453	
4	Date	5 Payee name				
	04/30/2025	Bank of Texas				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$2.00	PO Box 15707				
		Austin, TX 78761				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description	on		
	OF EXPENDITURE	Accounting/Banking			de of Texas. Com	plete Schedule T.
	EXPENDITORE		_		officeholder living	j expense
			Bank fee	e.		
_	0 1: 0.11.7.7.1.				055	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	i		Office he	eld
	Date	Payee name				
	03/31/2025	Bank of Texas				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$2.00	PO Box 15707				
		Austin, TX 78761				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description	on		
	OF EXPENDITURE	Accounting/Banking				plete Schedule T.
			Bank fee		officeholder living) expense
			Barneroe			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	<u> </u>		Office he	eld
	expenditure to benefit C/OI	9				
	Date	Payee name				
	04/17/2025	Bouldin Cafe				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$74.52	1900 S 1st St				
	Ψ14.32	1300 3 13(3)				
		Auctin TV 79704				
		Austin, TX 78704				
	PURPOSE OF	, , ,	Description		de of Texas Com	plete Schedule T.
	EXPENDITURE	Food/Beverage Expense			officeholder living	
			Dinner in	n Austin.		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t		Office he	eld
	expenditure to benefit C/OI	1				

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

	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: 2/16 Rpt: 6/20	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	02/19/2025	Buc-ee's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.00	3535 S Texas 6
		Houston, TX 77082
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Gas travel to Austin.
		Sus travel to Austri.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	05/19/2025	Bun Slut
H	Amount (\$)	Payee address; City; State; Zip Code
	\$29.96	515 Westheimer Rd
	,	Suite G
		Houston, TX 77006
	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
		Dinner with staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/27/2025	CNBC Smartshop
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.71	7800 Airport Blvd
		Houston, TX 77061
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food before travel.
		Food before travel.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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

l	Credit Card Payment	The Instruction Guide explains how to complete this fo	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 3/16 Rpt: 7/20	Childs, Staci D. (The Honorable)	00086453
4	Date	5 Payee name	
	02/26/2025	Casa De Luz	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$34.45	1701 Toomey Rd	
		Austin, TX 78704	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion
	OF EXPENDITURE	Food/Beverage Expense	ck if travel outside of Texas. Complete Schedule T.
		,	ck if Austin, TX, officeholder living expense r in Austin.
			iii Ausuii.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		
H	Date	Payee name	
	02/11/2025	Chevron	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.16	6707 W Sam Houston Pkwy S	
		,	
		Houson, TX 77072	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descrip	otion
	OF EXPENDITURE	Travel Out of District	ck if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	I — I —	ck if Austin, TX, officeholder living expense
		Gas II	avel to Austin.
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		030
H	Date	Payee name	
	02/27/2025	Chevron	
Н	Amount (\$)	Payee address; City; State; Zip Code	
	\$34.92	6707 W Sam Houston Pkwy S	
		Houston, TX 77471	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	otion
	OF EXPENDITURE	Travel Out of District	ck if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	,	ck if Austin, TX, officeholder living expense
		Gas tr	avel to Austin.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Cindo Hold
\vdash			
L			

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

Credit Card Payment	ilder/Political	The Instruction Guide explains how t	_	plete this form.
1 Total pages Sched	dule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 4/16 Rpt:	8/20	Childs, Staci D. (The Honorable)		00086453
4 Date		5 Payee name		•
02/18/2025		Clay Pit		
6 Amount (\$)	\$75.55	7 Payee address; City; State; Zip 1601 Guadalupe St Austin, TX 78701	Code	е
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dinner with staff.
9 Complete ONLY if expenditure to ben			sought	nt Office held
Date		Payee name		
02/24/2025		Davis, Isaiah		
Amount (\$)	600.00	Payee address; City; State; Zip 216 W 28th Street	Code	e
		Houston, TX 77008		N
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(6)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary for Chief of Staff.
Complete ONLY if expenditure to ben			sought	nt Office held
Date		Payee name		
03/19/2025		Davis, Isaiah		
Amount (\$)	200.00	Payee address; City; State; Zip 216 W 28th Street	Code	е
		Houston, TX 77008		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Salary for Chief of Staff.
Complete ONLY if expenditure to ben			sought	nt 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

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/16 Rpt: 9/20	Childs, Staci D. (The Honorable)	00086453
4	Date	5 Payee name	-
	03/19/2025	Davis, Isaiah	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$41.94	216 W 28th Street	
		Houston, TX 77008	
8	PURPOSE		Description
	OF	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	-	Check if Austin, TX, officeholder living expense
			Salary for Chief of Staff.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Grot	'	
	Date	Payee name	
	05/27/2025	Davis, Isaiah	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	216 W 28th Street	
l		Houston, TX 77008	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
l	LXI LINDITORE		Check if Austin, TX, officeholder living expense
l			Salary for Chief of Staff.
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
⊨	<u> </u>	_	
	Date	Payee name	
	05/27/2025	Davis, Isaiah	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	216 W 28th Street	
		Houston, TX 77008	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Salary for Chief of Staff.
			Calary 1.51 Cities of Claim
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cilido Hold
\vdash			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Cara r ayment	The Instruction Guide explains how to comp	olete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 6/16 Rpt: 10/20	Childs, Staci D. (The Honorable)		'	00086453	
4	Date	5 Payee name				
	02/27/2025	Delta				
6	Amount (\$)	7 Payee address; City; State; Zip Code	;			
	\$35.00	1030 Delta Boulevard				
		Atlanta, TX 30354				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description			
	OF EXPENDITURE	Travel Out of District				plete Schedule T.
			Baggage fo		officeholder living †	g expense
			Daggage 10	ı mgm		
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t		Office he	5l4
ľ	expenditure to benefit C/O				Omoo no	51G
-	Date	Dayes name				
	02/27/2025	Payee name Dunkin				
_	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>			
	\$7.90	2330 S Shepherd Dr	;			
	Ψ1.50	2330 3 Shephera Di				
		Houston, TX 77019				
	DUDDOOF		.			
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	DescriptionCheck if trave	el outsid	e of Texas. Com	plete Schedule T.
	EXPENDITURE	Food/Beverage Expense	—		officeholder living	
			Breakfast.			
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t		Office he	eld
	expenditure to benefit C/OI	7				
	Date	Payee name				
	02/07/2025	Ginger Mule				
	Amount (\$)	Payee address; City; State; Zip Code)			
	\$86.62	449 W 19th St				
		Suite C-200				
		Houston, TX 77008				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description			
	OF EXPENDITURE	Food/Beverage Expense	ш			plete Schedule T.
			Food with s		officeholder living	g expense
			FOOD WILL S	taii.		
H	Complete ONLY if direct	Candidate/Officeholder name Office sough	t		Office he	-jų
	expenditure to benefit C/Ol	•			Cilico III	
H						
ı						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services The Instruction G	Salaries/ uide explains how to c		s/Contract Labor ete this form.		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	IE			[3	3	Filer ID	(Ethics Commission Filers)	_
	Sch: 7/16 Rpt: 11/20		aci D. (The Hono	rable)				00086453		
4	Date	5 Payee nam	 е			•				_
	03/10/2025	Ginger Mu								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode					_
	\$140.67	449 W 19t	h St							
		Suite C-20	00							
		Houston, -	TX 77008							
8	PURPOSE	(a) Category	See Categories listed at t	he top of this schedule)	(b)	Description				_
	OF EXPENDITURE	I	erage Expense	,					nplete Schedule T.	
	EXI ENDITORE					Check if Austin, 1			g expense	
						Dinner with sta	ап			
9	Complete ONLY if direct	Condidate/O	fficeholder name	Office	uabt			Office he	ald	
9	expenditure to benefit C/O		incendider name	Office so	ugni			Office fi	eiu	
_	Date	Payee nam								_
	05/19/2025	Ginger Mu								
_				Ctoto: 7in C	odo					_
	Amount (\$) \$47.45	Payee addr 449 W 19t	•	State; Zip C	oue					
	Φ47.45									
		Suite C-20								
		Houston, ⁻	TX 77008							
	PURPOSE OF	(a) Category	See Categories listed at t	he top of this schedule)	(b)	Description				
	EXPENDITURE	Food/Beve	erage Expense			Check if travel ou			plete Schedule T.	
						Dinner with sta			g expense	
						Diffici With Sit	A11	<u>.</u>		
	Complete ONLY if direct	Candidate/O	fficeholder name	Office so	ught			Office he	eld	_
	expenditure to benefit C/O	Н								
	Date	Payee nam	e							_
	02/18/2025	Hampton I	nn							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$19.00	200 San J	acinto Blvd							
		Austin, TX	78702							
	PURPOSE	(a) Category	See Categories listed at t	he top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District						nplete Schedule T.	
						Check if Austin, 1			g expense	
						Hotel travel to	ΑI	uəlii.		
\vdash	Complete ONLY if direct	Candidate/O	fficeholder name	Office so	napt			Office he	eld	_
	expenditure to benefit C/O		mosnoidel Hairie	Office 30	agrit			Cilice III	oiu .	
										_
•										

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	
-	Total pages Cabadala E4	<u>_</u>
1	Total pages Schedule F1: Sch: 8/16 Rpt: 12/20	2 FILER NAME Childs, Staci D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00086453
4	Date	5 Payee name
	05/19/2025	Hopdoddy Burger Bar
6	Amount (\$) \$35.91	7 Payee address; City; State; Zip Code 449 W 19th Houston, TX 77008
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense Dinner with staff.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/27/2025	JW Marriott
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.45	110 E 2nd St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel in Austin.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/17/2025	Juiced Up Life
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.11	200 W 6th St
		Austin, TX 78701
	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
		Dinner in Austin.
	Complete ONLY if direct expenditure to benefit C/OI	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

	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: 9/16 Rpt: 13/20	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	04/23/2025	Juiced Up Life
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.93	200 W 6th St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dinner in Austin.
		Billiet in Addin.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Dougo nama
	02/14/2025	Payee name
		Kemuri Tatsu
	Amount (\$)	Payee address; City; State; Zip Code
	\$161.21	2713 E 2nd St
		Austin, TX 78702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dinner with staff to discuss policy.
		Diffici with start to discuss policy.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 02/10/2025	Payee name Local Foods
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.99	2nd Street District
		Austin, TX 78701
	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 Dinner with staff to discuss policy.
		Diffile with staff to discuss policy.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)
•	Sch: 10/16 Rpt: 14/20		00086453
4	Date	5 Payee name	
	03/10/2025	Loves	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$29.99	107 FM 2025	
		Cleveland, TX 77328	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside	e of Texas. Complete Schedule T.
	LAFLINDITORE		officeholder living expense
		Gas travel to Aus	tin.
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
L		•	
	Date	Payee name	
	03/07/2025	Nscodoches NTI	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.72	816 North St	
		Nscodoches, TX 75961	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	,
	EXPENDITURE	Traver out of District	e of Texas. Complete Schedule T. Ifficeholder living expense
		Gas travel to Aus	
		Sas daver to rido	••••
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
—	Date	Payee name	
	02/12/2025	Office Max	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.00	1576 W Gray St	
	Ψ10.00	20.0 W Gray Gr	
		Houston, TX 77019	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Ontri Wards/ Wernorials Expense	e of Texas. Complete Schedule T.
		Check if Austin, TX, of Supplies for office	officeholder living expense
		Supplies for office	5.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/16 Rpt: 15/20	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	04/17/2025	Office Max
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.80	1576 W Gray St
		Houston, TX 77019
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for office.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	'
	Date	Payee name
	03/07/2025	QT
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.96	121 W Richey Rd
		Houston, TX 77090
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Gas travel to Austin.
		Gas traver to Austin.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/18/2025	Roberts Car Care
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.82	3802 Westheimer Rd
	,	
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Gas travel to Austin.
	Operation ONE V. C. F.	Open district Office health are seen as the second of the
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/16 Rpt: 16/20 Childs, Staci D. (The Honorable) 00086453 4 Date Payee name 02/14/2025 Shell 6 Amount (\$) Payee address; City; State; Zip Code \$10.02 2100 Hamilton St Houston, TX 77003 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas travel to Austin. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/26/2025 Shell Amount (\$) Payee address; City; State; Zip Code \$3.01 2100 Hamilton St Houston, TX 77003 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas travel to Austin. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/26/2025 Shell Amount (\$) Payee address: City; State; Zip Code \$33.36 2100 Hamilton St Houston, TX 77003 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Gas travel to Austin. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/16 Rpt: 17/20	Childs, Staci D. (The Honorable)	00086453
4	Date	5 Payee name	
	05/02/2025	Shell	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$35.27	2100 Hamilton St	
		Houston, TX 77003	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		L	Cas travel to Austin.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	02/07/2025	Star Stop	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.57	105 Aldin Bender Rd	

		Houson, TX 77060	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Travel Out of District	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Sas for travel to Austin.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	<u> </u>	Office field
_	Data		
	Date 02/18/2025	Payee name Star Stop	
		·	
	Amount (\$) \$41.24	Payee address; City; State; Zip Code 105 Aldine Bender Rd	
	Φ41.24	103 Alulile Belluel Ru	
		Houston, TX 77060	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of district	Check if Austin, TX, officeholder living expense
			Gas travel to Austin.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	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 Com

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/16 Rpt: 18/20	Childs, Staci D. (The Honorable) 00086453
4	Date	5 Payee name
	02/26/2025	Starbucks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.90	303 2nd Street 8th Floor
		San Francisco, CA 94107
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
		Breakfast in Austin.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/22/2025	Sunshine Petroleum
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.73	6161 Savoy Dr
		Ste 1111
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Gas travel to Austin.
		Gas traver to Austin.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davies same
	04/23/2025	Payee name The Stephen F Austin
		·
	Amount (\$) \$20.00	Payee address; City; State; Zip Code
	Φ20.00	701 Congress Ave
		Auctin TV 79701
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hotel in Austin.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense 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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	-	te this form.		
1	Total pages Schedule F1:		_	3 Filer ID (Ethics Commission Filers)		
	Sch: 15/16 Rpt: 19/20	Childs, Staci D. (The Honorable)	00086453			
4	Date	5 Payee name				
	02/07/2025	The Well				
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le			
	\$90.53	440 W 2nd Steet				
		Austin, TX 78701				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.		
	EXI ENDITORE			Check if Austin, TX, officeholder living expense		
				Dinner with staff to discuss policy.		
_	0 1: 0 1 1 1 1			000		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held		
	Date	Payee name				
	02/06/2025	Town & Country				
	Amount (\$)	Payee address; City; State; Zip Cod	le			
	\$43.05	3100 FM 2920 C				
		Waller, TX 77484				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.		
	EXI ENDITORE			Check if Austin, TX, officeholder living expense		
				Gas for travel to Austin.		
	Complete ONLY if direct	Condidate/Officeholder name Office acus	ht	Office hold		
	expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ΠL	Office held		
	Date	Payee name				
	02/06/2025	Town & Country				
	Amount (\$)	Payee address; City; State; Zip Cod	le			
	\$9.27	3100 FM 2920 C				
		Waller, TX 77484				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.		
				Check if Austin, TX, officeholder living expense Gas travel to Austin.		
				Ous liavel to Austili.		
	Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht	Office held		
	Complete ONLY if direct expenditure to benefit C/OI	•	IIIL	Office field		

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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:	2	FILER NAME			3		Filer ID	(Ethics Commission Filers)	_
	Sch: 16/16 Rpt: 20/20		Childs, Staci D. (The Honorable)				(00086453		
4	Date	5	Payee name							_
	02/18/2025		WALMART							
6	Amount (\$)	7	Payee address; City; State;	Zip Cod	de					_
	\$184.12		702 S.W. 8TH STREET							
			BENTONVILLE, AK 72716							
8	PURPOSE	(a)			(h)	Description				_
ľ	OF	("	Category (See Categories listed at the top of this sched Gift/Awards/Memorials Expense	edule)	(~)	Check if travel outs	sid	e of Texas. Com	plete Schedule T.	
l	EXPENDITURE					Check if Austin, TX			expense	
l						Supplies for prin	nt	er.		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice soug	ght			Office he	eld	
L	experiditure to beliefit C/O	'' <u> </u>								
	Date		Payee name							
l	02/26/2025		Whole Foods							
	Amount (\$)		Payee address; City; State;	Zip Cod	de					
	\$21.39		525 N Lamar Blvd							
l			Austin, TX 78704							
H	PURPOSE	(a)	Category (See Categories listed at the top of this sched	edule)	(b)	Description				_
l	OF EXPENDITURE		Food/Beverage Expense	<i>'</i>		Check if travel outs				
l	EXI ENDITORE					Check if Austin, TX		officeholder living	expense	
l						Lunch in Austin.	۱.			
⊢	Complete ONLY if direct	Ц	Candidate/Officeholder name Of	ffice cour	ıht.			Office he	ald.	_
	Complete ONLY if direct expenditure to benefit C/O		Jandidate/Officeriolder name Of	ffice soug	JIIL			Office fie	eiu	
⊢										_