

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00089977		2 Total pages filed: 35		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Stefanie		MI MI	ELECTRONICALLY FILED 01/15/2026
	NICKNAME	LAST Bord		SUFFIX	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit _____			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)			
5 ORIGINAL PERIOD COVERED		Month Day Year 08/26/2025	THROUGH	Month Day Year 12/31/2025	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged

6 EXPLANATION OF CORRECTION

I had a contribution missing from myself and had an expenditure in the wrong place. I then entered the wrong date by mistake and forgot to ask for reimbursement, hence deleting the filing fee a second time.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mrs. Stefanie Bord

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 oath Printed name of officer administering oath Title of officer administering oath

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089977	2 Total pages filed: 35	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Stefanie	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026
	NICKNAME	LAST Bord	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 7717 Louetta Road Box #11312 Spring, TX 77379		Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Brandy	MI MI	
	NICKNAME	LAST Viane	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7717 Louetta Road Box #11312 Spring, TX 77379			
7 CAMPAIGN TREASURER PHONE	AREA CODE (346)	PHONE NUMBER 306-1448	EXTENSION	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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)			
9 PERIOD COVERED	Month Day Year 08/26/2025	THROUGH		Month Day Year 12/31/2025
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 126	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Bord, Stefanie (Mrs.)	14 Filer ID (Ethics Commission Filers) 00089977
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	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)	\$	4,750.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	6,577.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	2,272.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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.

Mrs. Stefanie Bord

 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

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

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18 FILER NAME Bord, Stefanie (Mrs.)		19 Filer ID (Ethics Commission Filers) 00089977
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,983.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 767.08
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	\$ 165.11
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 965.45
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 5,446.48
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/15 Rpt: 5/35
2 FILER NAME Bord, Stefanie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089977
4 Date 12/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) A Morriss, Lindsey	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Spring, TX 77389		
8 Principal occupation / Job title (See Instructions) Interior Designer		9 Employer (See Instructions) MGA
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Katherine	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Conroe, TX 77302		
Principal occupation / Job title (See Instructions) Mental Health Therapist		Employer (See Instructions) Self-employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Katherine	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Conroe, TX 77302		
Principal occupation / Job title (See Instructions) Mental Health Therapist		Employer (See Instructions) Self-employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey, Stephanie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Spring, TX 77388		
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Witt O'Brien's
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbin, Lance	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Spring, TX 77379		
Principal occupation / Job title (See Instructions) Coordinator		Employer (See Instructions) LSC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/15 Rpt: 6/35
2 FILER NAME Bord, Stefanie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089977
4 Date 12/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartell, Allen <hr/> 6 Contributor address; City; State; Zip Code Willis, TX 77378	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartlow, Erik <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Software engineer		Employer (See Instructions) Versona Systems, LLC.
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benitez, Nilsa <hr/> Contributor address; City; State; Zip Code Lodi, NJ 07644	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Payroll		Employer (See Instructions) RP BOE
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, David <hr/> Contributor address; City; State; Zip Code Flemington, NJ 08822	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bord, Stefanie <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/15 Rpt: 7/35
2 FILER NAME Bord, Stefanie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089977
4 Date 09/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullock, Angela	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Spring, TX 77379	
8 Principal occupation / Job title (See Instructions) lawyer		9 Employer (See Instructions) Bullock Campbell Bullock and Harris
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burchett, Lynda	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Houston, TX 77070	
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) self
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chou, Ben	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Van Nuys, CA 91405	
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) CSUN
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chulki, Smita	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Spring, TX 77380	
Principal occupation / Job title (See Instructions) Health Info Mgmt		Employer (See Instructions) Emerus
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coates, Karen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Spring, TX 77389	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/15 Rpt: 8/35
2 FILER NAME Bord, Stefanie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089977
4 Date 09/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conant, Angelle	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Houston, TX 77070		
8 Principal occupation / Job title (See Instructions) Artist		9 Employer (See Instructions) Angelle Conant
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crews, Charles	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Baytown, TX 77521		
Principal occupation / Job title (See Instructions) Community Organizer		Employer (See Instructions) Retired
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruzen, Kathryn	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Cypress, TX 77429		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruzen, Kathryn	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cypress, TX 77429		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deysarkar, Shion	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78703		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Datafiniti

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/15 Rpt: 9/35
2 FILER NAME Bord, Stefanie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089977
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duzan, Katie	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Arlington, TX 76013	
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) Veeva
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmiston, Brittney	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Spring, TX 77379	
Principal occupation / Job title (See Instructions) Faculty Support Facilitator		Employer (See Instructions) Southern New Hampshire University
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Emehelu, Veenita K.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Spring, TX 77389	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Chemonics
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esmeray Senlet, Selen	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77005	
Principal occupation / Job title (See Instructions) Geologist		Employer (See Instructions) Chevron
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Natalie	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Maplewood, NJ 07040	
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/15 Rpt: 10/35
2 FILER NAME Bord, Stefanie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089977
4 Date 10/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foye, Pam <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77381	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Admin		9 Employer (See Instructions) Fulcrum Technology Solutions
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Emily <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Bright Beginners Preschool
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gannon, MaryAnna <hr/> Contributor address; City; State; Zip Code Houston, TX 77069	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Max <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) United Airlines
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grigsby, Syeda <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77375	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/15 Rpt: 11/35
2 FILER NAME Bord, Stefanie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089977
4 Date 09/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halbany, Laurel	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code San Rafael, CA 94901		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Dean Omar Branham Shirley LLP
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Liz	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77008		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanus, Katie	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Magnolia, TX 77354		
Principal occupation / Job title (See Instructions) Coach		Employer (See Instructions) Katie Hanus
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hegedus, Summer	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Spring, TX 77379		
Principal occupation / Job title (See Instructions) Physical therapist		Employer (See Instructions) Angels of Care
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heitzman, Nicole	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Conroe, TX 77302		
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/15 Rpt: 12/35
2 FILER NAME Bord, Stefanie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089977
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Wanda	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Tomball, TX 77375		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jessica	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Spring, TX 77388		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) K. Bhuyan-Duncan, Leela	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code the woodlands, TX 77382		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Lonestar college
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) K. Bhuyan-Duncan, leela	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code the woodlands, TX 77382		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Lonestar college
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelso Winter, Jane	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Spring, TX 77381		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/15 Rpt: 13/35
2 FILER NAME Bord, Stefanie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089977
4 Date 12/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Jonathan <hr/> 6 Contributor address; City; State; Zip Code The Woodlands, TX 77382	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Sales Manager		9 Employer (See Instructions) Applied Industrial Technlogirs
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamouree, Shannon <hr/> Contributor address; City; State; Zip Code Allison Park, PA 15101	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Westinghouse Electric Company
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lankford, Maureen <hr/> Contributor address; City; State; Zip Code Houston, TX 77066	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Logan, Aimee <hr/> Contributor address; City; State; Zip Code Spring, TX 77381	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) self
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenz, Jennifer <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/15 Rpt: 14/35
2 FILER NAME Bord, Stefanie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089977
4 Date 12/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lundberg, Russell	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Conroe, TX 77385		
8 Principal occupation / Job title (See Instructions) Academic		9 Employer (See Instructions) Sam Houston State University
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Alana	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77069		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Alana	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77069		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Persino, Catherine	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Spring, TX 77379		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pooley, Sarah	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code East Windsor, NJ 08520		
Principal occupation / Job title (See Instructions) Nonprofit consultant		Employer (See Instructions) Self (contractor)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/15 Rpt: 15/35
2 FILER NAME Bord, Stefanie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089977
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Terri <hr/> 6 Contributor address; City; State; Zip Code Hanover, MA 02339	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Senior Speaker Program Manager		9 Employer (See Instructions) OPEN Health Scientific Communications
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roffers, Anne <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shafer, Charlene <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shafer, Charlene <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shafer, Charlene <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/15 Rpt: 16/35
2 FILER NAME Bord, Stefanie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089977
4 Date 12/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shafer, Charlene <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77429	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Tyler <hr/> Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Candidate		Employer (See Instructions) Tyler for Texas
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spayd, Debra <hr/> Contributor address; City; State; Zip Code Bath, PA 18014	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spayd, Steven <hr/> Contributor address; City; State; Zip Code Lansdale, PA 19446	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) The College of New Jersey
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steffen, Becky <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77382	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/15 Rpt: 17/35
2 FILER NAME Bord, Stefanie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089977
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Marsi	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Spring, TX 77388		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler, Cecilia	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Cape May, NJ 08204		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler, Cecilia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cape May, NJ 08204		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viane, Brandy	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Houston, TX 77018		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Daya	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77068		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/15 Rpt: 18/35
2 FILER NAME Bord, Stefanie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089977
4 Date 10/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Carol <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77379	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Carol <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Carol <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Carol <hr/> Contributor address; City; State; Zip Code Spring, TX 77379	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/15 Rpt: 19/35
2 FILER NAME Bord, Stefanie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089977
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitener, Debbie	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Spring, TX 77381		
8 Principal occupation / Job title (See Instructions) Stay at home educator		9 Employer (See Instructions) Self-employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilborn Verdugo, Jennifer	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Katy, TX 77450		
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) Fairwind360
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) bryan, ashley	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code TOMBALL, TX 77375		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) griffiths, kristen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Katy, TX 77449		
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Kristen Griffiths

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 20/35	
2 FILER NAME Bord, Stefanie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089977	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/23/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenz, Jennifer	8 Amount of contribution (\$) \$81.67	9 In-kind contribution description Fundraising Consultation call
	7 Contributor address; City; State; Zip Code Cypress, TX 77429	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Fundraising Consultant		11 Employer (FOR NON-JUDICIAL) (See instructions) Profitable Non-Profits	
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)			
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenz, Jennifer	Amount of contribution (\$) \$175.00	In-kind contribution description Fundraising Consultation call
	Contributor address; City; State; Zip Code Cypress, TX 77429	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Fundraising Consultant		Employer (FOR NON-JUDICIAL) (See instructions) Profitable Non-Profits	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenz, Jennifer	Amount of contribution (\$) \$37.91	In-kind contribution description Fundraising Consultation call
	Contributor address; City; State; Zip Code Cypress, TX 77429	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Fundraising Consultant		Employer (FOR NON-JUDICIAL) (See instructions) Profitable Non-Profits	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 21/35	
2 FILER NAME Bord, Stefanie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089977	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/09/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenz, Jennifer	8 Amount of contribution (\$) \$131.25	9 In-kind contribution description Fundraising Consultation call
	7 Contributor address; City; State; Zip Code Cypress, TX 77429	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Fundraising Consultant		11 Employer (FOR NON-JUDICIAL) (See instructions) Profitable Non-Profits	
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)			
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenz, Jennifer	Amount of contribution (\$) \$119.58	In-kind contribution description Fundraising Consultation call
	Contributor address; City; State; Zip Code Cypress, TX 77429	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Fundraising Consultant		Employer (FOR NON-JUDICIAL) (See instructions) Profitable Non-Profits	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenz, Jennifer	Amount of contribution (\$) \$221.67	In-kind contribution description Fundraising Consultation call
	Contributor address; City; State; Zip Code Cypress, TX 77429	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Fundraising Consultant		Employer (FOR NON-JUDICIAL) (See instructions) Profitable Non-Profits	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
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 | 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 -
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.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 22/35	2 FILER NAME Bord, Stefanie (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089977
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4 Date 12/31/2025	5 Payee name ActBlue
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6 Amount (\$) \$132.54	7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ActBlue Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/20/2025	Payee name Bank of America, N.A.
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Amount (\$) \$32.57	Payee address; City; State; Zip Code P.O. Box 25118 Tampa, FL 33622
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checks
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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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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/4 Rpt: 23/35	2 FILER NAME Bord, Stefanie (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089977
4 CREDIT CARD ISSUER	Name of financial institution Bank of America	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$49.00	(b) Date of Charge 12/19/2025
7 PAYEE	(a) Payee name FRONTIER EM6K6B	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	(b) Description Bag fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
PAYMENT	(a) Amount Charged \$8.00	(b) Date of Charge 12/19/2025
PAYEE	(a) Payee name CHARMPASS - UNDERTEN	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	(b) Description Rail ticket (MARC) between Baltimore airport and Washington DC
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
PAYMENT	(a) Amount Charged \$15.50	(b) Date of Charge 12/19/2025
PAYEE	(a) Payee name SMARTRIP WASHINGTON DC	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	(b) Description Metro around Washington, DC during Campaign Training with Demand A Seat
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/4 Rpt: 24/35	2 FILER NAME Bord, Stefanie (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089977
4 CREDIT CARD ISSUER	Name of financial institution see previous	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$8.00	(b) Date of Charge 12/19/2025
7 PAYEE	(a) Payee name CHARMPASS - UNDERTEN	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description Rail ticket (MARC) between Washington DC and Baltimore airport
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
PAYMENT	(a) Amount Charged \$13.50	(b) Date of Charge 12/19/2025
PAYEE	(a) Payee name SMARTRIP WASHINGTON DC	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Payee address; City, State, Zip Code 300 7th Street, SW Washington, DC 20024
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
PAYMENT	(a) Amount Charged \$70.00	(b) Date of Charge 12/19/2025
PAYEE	(a) Payee name SPIRIT AI 48704526608250	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Payee address; City, State, Zip Code 2800 Executive Way Miramar, FL 33025
	(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/4 Rpt: 25/35		2 FILER NAME Bord, Stefanie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089977	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
6 PAYMENT		(a) Amount Charged \$30.00	(b) Date of Charge 12/19/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name SPIRIT AI 48704526609430		(b) Payee address; City, State, Zip Code 2800 Executive Way Miramar, FL 33025	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Seat fees	
		(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$657.45	(b) Date of Charge 12/19/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name FAIRFIELD INN & SUITES		(b) Payee address; City, State, Zip Code 500 H Street NW Washington, DC 20001	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Hotel for Campaign Training, Demand a Seat.	
		(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$47.00	(b) Date of Charge 12/19/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name PADDYPOST.COM/Modern		(b) Payee address; City, State, Zip Code 71-75 Shelton Street Covent Garden London WC2H 9JQ United Kingdom	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Social Media publisher; initial start-up cost.	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 4/4 Rpt: 26/35	2 FILER NAME Bord, Stefanie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089977
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$67.00	(b) Date of Charge 12/19/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name PADDYPOST.COM/Modern	(b) Payee address; City, State, Zip Code 71-75 Shelton Street Covent Garden London WC2H 9JQ United Kingdom	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Social Media publisher; upgraded to more platforms.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: Sch: 1/5 Rpt: 27/35	2 FILER NAME Bord, Stefanie (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089977
4 Date 11/28/2025	5 Payee name Dollar Tree #7941	
6 Amount (\$) \$9.74 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 16854 Stuebner Airline Road Spring, TX 77379	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Balloons for Black Friday Event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name Dollar Tree #7941	
Amount (\$) \$28.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 16854 Stuebner Airline Road Spring, TX 77379	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tablecloths and supplies for Black Friday Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2025	Payee name Frontier Airlines	
Amount (\$) \$37.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4545 Airport Way Denver, CO 80239	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District	Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to Washington, DC for Campaign Training with Demand A Seat
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: Sch: 2/5 Rpt: 28/35	2 FILER NAME Bord, Stefanie (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089977
4 Date 11/28/2025	5 Payee name H-E-B #47/576	
6 Amount (\$) \$60.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7310 Louetta Road Spring, TX 77379	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee and snack supplies for Black Friday Event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2025	Payee name Harris County Democratic Party	
Amount (\$) \$750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3302 Canal Street Houston, TX 77003	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name Karma Kolache & Dessert	
Amount (\$) \$195.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 9702 Spring Cypress Road Ste.121 Spring, TX 77379	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donuts and Coffee for Black Friday Event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: Sch: 3/5 Rpt: 29/35	2 FILER NAME Bord, Stefanie (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089977
4 Date 08/27/2025	5 Payee name Lauren Widener Portraits	
6 Amount (\$) \$900.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8765 Spring Cypress Rd Spring, TX 77379	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Professional photography
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/02/2025	Payee name Lauren Widener Portraits	
Amount (\$) \$450.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 8765 Spring Cypress Rd Spring, TX 77379	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Professional photography
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2025	Payee name Office Depot #17	
Amount (\$) \$576.01 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4534 West FM 1960 Houston, TX 77069	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printer and office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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.

1 Total pages Schedule G: Sch: 4/5 Rpt: 30/35	2 FILER NAME Bord, Stefanie (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089977
4 Date 11/03/2025	5 Payee name Spirit Airlines	
6 Amount (\$) \$57.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2800 Executive Way Miramar, FL 33025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel back to Houston from Baltimore after Campaign Training with Demand A Seat in Washington DC
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2025	Payee name Texas Democratic Party	
Amount (\$) \$1,000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event tickets for sponsored event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2025	Payee name The Insurgent Group/R Stewart	
Amount (\$) \$500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 683163 Houston, TX 77268	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Planning, organization, and management of campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 5/5 Rpt: 31/35	2 FILER NAME Bord, Stefanie (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089977
4 Date 10/29/2025	5 Payee name The Insurgent Group/R Stewart	
6 Amount (\$) \$880.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 683163 Houston, TX 77268	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Planning, organization, and management of campaign
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: Sch: 1/4 Rpt: 32/35
2 FILER NAME Bord, Stefanie (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089977
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee CHARMPASS - UNDERTEN		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input checked="" type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
6 Dates of Travel 12/04/2025 12/04/2025	7 Name of person(s) traveling Bord, Stefanie	
	8 Departure city or name of departure location Baltimore	
	9 Destination city or name of destination location Washington, D.C.	
10 Means of transportation Railroad	11 Purpose of travel (including name of conference, seminar, or other event) Campaign training	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee CHARMPASS - UNDERTEN		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input checked="" type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel 12/07/2025 12/07/2025	Name of person(s) traveling Bord, Stefanie	
	Departure city or name of departure location Washington, D.C.	
	Destination city or name of destination location Baltimore	
Means of transportation Railroad	Purpose of travel (including name of conference, seminar, or other event) Campaign training	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee FAIRFIELD INN & SUITES		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input checked="" type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel 12/04/2025 12/07/2025	Name of person(s) traveling Bord, Stefanie	
	Departure city or name of departure location Houston	
	Destination city or name of destination location Washington, D.C.	
Means of transportation Hotel	Purpose of travel (including name of conference, seminar, or other event) Campaign training	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
FRONTIER EM6K6B

5 Contribution / Expenditure reported on:

- Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

6 Dates of Travel 12/04/2025 12/04/2025	7 Name of person(s) traveling Bord, Stefanie
	8 Departure city or name of departure location Houston
	9 Destination city or name of destination location Baltimore

10 Means of transportation Baggage Fees	11 Purpose of travel (including name of conference, seminar, or other event) Campaign training
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Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
Frontier Airlines

Contribution / Expenditure reported on:

- Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

Dates of Travel 12/04/2025 12/04/2025	Name of person(s) traveling Bord, Stefanie
	Departure city or name of departure location Houston
	Destination city or name of destination location Baltimore

Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Campaign training with Demand A Seat
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Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
SMARTRIP WASHINGTON DC

Contribution / Expenditure reported on:

- Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

Dates of Travel 12/04/2025 12/04/2025	Name of person(s) traveling Bord, Stefanie
	Departure city or name of departure location Washington, D.C.
	Destination city or name of destination location Washington, D.C.

Means of transportation Metro	Purpose of travel (including name of conference, seminar, or other event) Campaign training
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
SMARTRIP WASHINGTON DC

5 Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

6 Dates of Travel 12/07/2025 12/07/2025	7 Name of person(s) traveling Bord, Stefanie
	8 Departure city or name of departure location Washington, D.C.
	9 Destination city or name of destination location Washington, D.C.

10 Means of transportation Metro	11 Purpose of travel (including name of conference, seminar, or other event) Campaign training
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Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
SPIRIT AI 48704526608250

Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

Dates of Travel 12/07/2025 12/07/2025	Name of person(s) traveling Bord, Stefanie
	Departure city or name of departure location Baltimore
	Destination city or name of destination location Houston

Means of transportation Baggage Fees	Purpose of travel (including name of conference, seminar, or other event) Campaign training
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Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
SPIRIT AI 48704526609430

Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

Dates of Travel 12/07/2025 12/07/2025	Name of person(s) traveling Bord, Stefanie
	Departure city or name of departure location Baltimore
	Destination city or name of destination location Houston

Means of transportation Seat change	Purpose of travel (including name of conference, seminar, or other event) Campaign training
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

Spirit Airlines

5 Contribution / Expenditure reported on:

Schedule A2

Schedule B

Schedule B(J)

Schedule C2

Schedule D

Schedule F1

Schedule F2

Schedule F4

Schedule G

Schedule H

Schedule COH-UC

6 Dates of Travel

12/07/2025

12/07/2025

7 Name of person(s) traveling

Bord, Stefanie

8 Departure city or name of departure location

Baltimore

9 Destination city or name of destination location

Houston

10 Means of transportation

Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)

Travel home to Houston from Baltimore after Campaign Training in Washington DC with Demand A