

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) | 2 Total pages filed: 12 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI | OFFICE USE ONLY |
| | NICKNAME | LAST | SUFFIX | |
| Dr. Krishna Sterling 4722 Maritime Cv Garland TX 75043 | | | | |
| Date Received: 4/6/23 Date Hand-delivered or Date Postmarked: 4/6/23 Receipt # _____ Amount \$ _____ Date Processed: 4/6/23 Date Imaged: 4/6/23 | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | | |
| <input type="checkbox"/> Change of Address | 4722 Maritime Cv Garland TX 75043 | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | |
| Dewayne Sterling | | | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | | |
| (Residence or Business) | 4722 Maritime Cv Garland TX 75043 | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | |
| 10 PERIOD COVERED | Month Day Year | | | Month Day Year |
| 01 / 18 / 2023 THROUGH 04 / 05 / 2023 | | | | |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE | |
| Month Day Year | | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 05 / 04 / 2023 | | | | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if known) | |
| | | Garland ISD School Board seat 5 | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME 15 Filer ID (Ethics Commission Filers)

**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

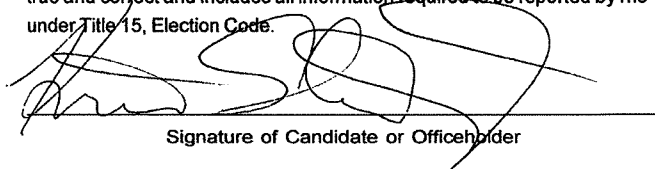
| | |
|---|--|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE: <input type="checkbox"/> GENERAL COMMITTEE NAME: <u>Committee to Elect Kristina Sterling</u> COMMITTEE ADDRESS: <u>4722 Maritime Cv., Garland, TX 75043</u> COMMITTEE CAMPAIGN TREASURER NAME: <u>Dewayne Sterling</u> COMMITTEE CAMPAIGN TREASURER ADDRESS: <u>4722 Maritime Cv., Garland, TX 75043</u> |
|---|--|

Additional Pages

| | | |
|--------------------------------|---|-------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED | \$ <u>399</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>2949</u> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ <u>273.99</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>2464.27</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>484.73</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>0</u> |

18 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.

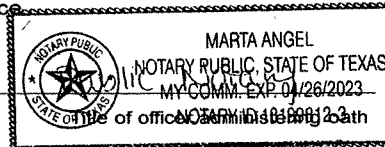

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kristina Sterling, this the 06 day of 04, 20 23, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Marta Angel
Printed name of officer administering oath



SUBTOTALS - C/OH

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

| | |
|--|---|
| 19 FILER NAME Kristina Sterling | 20 Filer ID (Ethics Commission Filers) |
|--|---|

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
|---|--|---|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 2949 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 0 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ 0 |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | | \$ 0 |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 2464.27 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ 0 |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ 0 |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 0 |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ 0 |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ 0 |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 0 |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ 0 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **6**

2 FILER NAME

Kristina Sterling

3 Filer ID (Ethics Commission Filers)

4 Date

2/23

5 Full name of contributor

Ins Shiver

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200

6 Contributor address; Unit City; State; Zip Code

626 Heligan Ln Livermore CA 94551

8 Principal occupation / Job title (See Instructions)

Director Strategic Partnerships

9 Employer (See Instructions)

Oracle Corporation

Date

2/23

Full name of contributor

Anthony Hernandez

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

6071 Worman Ave Ft Worth TX 76133

Principal occupation / Job title (See Instructions)

Executive Director

Employer (See Instructions)

Urban Teachers

Date

2/23

Full name of contributor

Stephana Colbert

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

3212 NE Overbrook Dr. Oklahoma City OK 73121

Principal occupation / Job title (See Instructions)

Publisher

Employer (See Instructions)

Self

Date

2/24

Full name of contributor

Tenasia Pagano

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

8006 Tron Dr. Rowlett TX 75089

Principal occupation / Job title (See Instructions)

Senior Assistant Director

Employer (See Instructions)

Urban Teachers

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

Kristina Sterling

3 Filer ID (Ethics Commission Filers)

4 Date

2/28

5 Full name of contributor

Carl Zarasozza

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.

6 Contributor address;

7263 SW
Lynwood Ct Wilsonville OR 97070

8 Principal occupation / Job title (See Instructions)

Executive

9 Employer (See Instructions)

LEE

Date

3/01

Full name of contributor

Marcos Ceniceros

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$20

Contributor address;

350 W 45th St
Apt 4A New York NY 10036

Principal occupation / Job title (See Instructions)

non-profit

Employer (See Instructions)

LEE

Date

3/2

Full name of contributor

Jordiane Pettit

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250

Contributor address;

2800 NE 18th St
Oklahoma City OK 73111

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

3/2

Full name of contributor

Lori Turner

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$24

Contributor address;

2510 N. Fairfield
Ave Chicago IL 60647

Principal occupation / Job title (See Instructions)

VP

Employer (See Instructions)

LEE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

*** If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME

Kristina Sterling

3 Filer ID (Ethics Commission Filers)

4 Date

3/02

5 Full name of contributor out-of-state PAC (ID#: _____)

Woot Lervisit

7 Amount of contribution (\$)

\$ 100

6 Contributor address; City; State; Zip Code

8319 Floyd Lake Dr. Dallas TX 75243

8 Principal occupation / Job title (See Instructions)

Business Analyst

9 Employer (See Instructions)

Retractable Technologies

Date

3/3

Full name of contributor out-of-state PAC (ID#: _____)

Sandra Bowie

Amount of contribution (\$)

\$ 25

Contributor address; City; State; Zip Code

1321 Yardley Pl Desoto TX 75115

Principal occupation / Job title (See Instructions)

Adjunct Professor

Employer (See Instructions)

LNT Dallas

Date

3/5

Full name of contributor out-of-state PAC (ID#: _____)

Wynell Neece

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

508 Bath Cir Oklahoma City, OK 73117

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

retired

Date

3/9

Full name of contributor out-of-state PAC (ID#: _____)

Sarah McMenamin

Amount of contribution (\$)

\$ 100

Contributor address; City; State; Zip Code

9415 Forestridge Dr. Dallas TX 75204

Principal occupation / Job title (See Instructions)

Teacher Educator

Employer (See Instructions)

Urban Teachers

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages of Schedule A1: 6

2 FILER NAME Kristina Sterling

3 Filer ID (Ethics Commission Filers)

4 Date
3/9

5 Full name of contributor out-of-state PAC (ID#: _____)
Winfred Colbert Sr.
6 Contributor address; City; State; Zip Code
555 Del Monte Dr # 944 Houston TX 77056

7 Amount of contribution (\$)
\$150

8 Principal occupation / Job title (See Instructions)
lawyer

9 Employer (See Instructions)
City of Houston

Date
3/9

Full name of contributor out-of-state PAC (ID#: _____)
Simone Dawson
Contributor address; City; State; Zip Code
1516 Beach Ln Arlington TX 76014

Amount of contribution (\$)
\$50

Principal occupation / Job title (See Instructions)
Professor

Employer (See Instructions)
JHU

Date
3/9

Full name of contributor out-of-state PAC (ID#: _____)
Emily Garcia
Contributor address; City; State; Zip Code
919 Pavilion St Dallas TX 75204

Amount of contribution (\$)
\$100

Principal occupation / Job title (See Instructions)
Education

Employer (See Instructions)
TEA

Date
3/9

Full name of contributor out-of-state PAC (ID#: _____)
Bridget Swanson
Contributor address; City; State; Zip Code
3521 Westcliff Rd S Ft. Worth TX 76109

Amount of contribution (\$)
\$250

Principal occupation / Job title (See Instructions)
Doctor

Employer (See Instructions)
Cook's Children Hospital

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME

Kristina Sterling

3 Filer ID (Ethics Commission Filers)

4 Date

3/10

5 Full name of contributor out-of-state PAC (ID#: _____)

Kristen Watson

7 Amount of contribution (\$)

\$50.

6 Contributor address; City; State; Zip Code

1925 Salt Flat Trl Arlington TX 76002

8 Principal occupation / Job title (See Instructions)

Education

9 Employer (See Instructions)

American University

Date

3/27

Full name of contributor out-of-state PAC (ID#: _____)

Sarah Eastman

Amount of contribution (\$)

\$30

Contributor address; City; State; Zip Code

1448 Sommerwind Ln Lewisville TX 75077

Principal occupation / Job title (See Instructions)

SalSA

Employer (See Instructions)

Savvas Learning Company

Date

3/30

Full name of contributor out-of-state PAC (ID#: _____)

Katrina Eisel

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

7600 Black Willow Ln Arlington TX 76002

Principal occupation / Job title (See Instructions)

Education

Employer (See Instructions)

Bertelsmann

Date

3/31

Full name of contributor out-of-state PAC (ID#: _____)

Stephania Gilbert

Amount of contribution (\$)

\$50

Contributor address; City; State; Zip Code

3212 Overbrook Dr. Oklahoma City OK 73121

Principal occupation / Job title (See Instructions)

self

Employer (See Instructions)

self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6

2 FILER NAME
Kinstna Sterling

3 Filer ID (Ethics Commission Filers)

4 Date
3/31

5 Full name of contributor out-of-state PAC (ID#: _____)
Tiffany Foller
6 Contributor address; City; State; Zip Code
6905 Shenandoah Dr. Forest Hill TX 76140

7 Amount of contribution (\$)
\$150

8 Principal occupation / Job title (See Instructions)
Professional Lecturer

9 Employer (See Instructions)
American University

Date
2/9

Full name of contributor out-of-state PAC (ID#: _____)
LFE Equity TX
Contributor address; City; State; Zip Code
25 Broadway 13th Floor New York NY 10004

Amount of contribution (\$)
\$1000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE 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: 3 | | 2 FILER NAME Kristna Sterling | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 2/14/23 | | 5 Payee name LEE | | | |
| 6 Amount (\$) \$1,000 | | 7 Payee address; City; State; Zip Code 25 Broadway 13th Floor New York NY 10004 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | | (b) Description website support Campaign coaching, setting up process & design | | |
| | <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 | |
| Date 3/9/23 | | Payee name Clash Graphics | | | |
| Amount (\$) 362.49 | | Payee address; City; State; Zip Code 2233 Peachtree Rd NE Suite 202 Atlanta GA 30309 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description walk cards that share info about the campaign and candidate | | |
| | <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 | |
| Date 3/10/23 | | Payee name Wix.com | | | |
| Amount (\$) 60.88 | | Payee address; City; State; Zip Code 40 Namal Tel Aviv Israel 6350671 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description website and domain name | | |
| | <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 | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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 | 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 F1: 2 | 2 FILER NAME Kristina Sterling | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/31/23 | 5 Payee name City of Rowlett | |
| 6 Amount (\$) \$25 | 7 Payee address; City; State; Zip Code Rowlett TX 75088 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Vendor booth fee |
| | (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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 4/3/23 | Payee name Walmart Supercenter | |
| Amount (\$) \$95.60 | Payee address; City; State; Zip Code 2501 Lakeview Pkwy Rowlett TX 75088 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description supplies for booth for campaign events |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 4/3/23 | Payee name Executive Press Inc | |
| Amount (\$) 827.79 | Payee address; City; State; Zip Code 1400 Presidential Dr. #110 Richardson TX 75081 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Print poster and signs for campaign |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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 | 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 F1: <i>3</i> | 2 FILER NAME <i>Kristina Sterling</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>3/31</i> | 5 Payee name <i>Democracy Engine</i> | |
| 6 Amount (\$) <i>92.51</i> | 7 Payee address; City; State; Zip Code <i>Washington D.C</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Fees</i> | (b) Description <i>Campaign contribution transfer fees</i> |
| | (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 |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <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 |
| Date | Payee name | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <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 |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED