CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE/ MI OFFICE USE ONLY Α **OFFICEHOLDER** Dr. Stacev NAME LAST SUFFIX NICKNAME Donald APT / SUITE #; ADDRESS / PO BOX; ZIP CODE 4 CANDIDATE / CITY: STATE: **OFFICEHOLDER** 3400 Newkirk Drive Plano Texas 75075 **MAILING** COLLIN COLLEGE **ADDRESS** CHIEF OF STAFF Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmar IIId **OFFICEHOLDER** (214)636-3510 **PHONE** Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN TREASURER Mr. Sreedhar Date Processed NAME NICKNAME SUFFIX Date Imaged 4-6-23 4131 pm Sree Yedavalli STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE CITY: STATE: 7 CAMPAIGN TREASURER 8136 Stone Ridge Drive Plano Texas 75025 **ADDRESS** (Residence or Business) PHONE NUMBER EXTENSION 8 CAMPAIGN AREA CODE **TREASURER** PHONE (847) 275-9264 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Year Dav Year COVERED 23 10 / 26 22 5 THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Primary Runoff Other Month Day Description 6 / 23 ✓ General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Collin College Board Trustee Place 3 Collin College Board Trustee Place 3 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE (OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	7645.78
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7645.78
EXPENDITURE TOTALS	\$	1012.26	
	4. TOTAL POLITICAL EXPENDITURES	\$	1012.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$	6,633.52
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$	0
	wear, or affirm, under penalty of perjury, that the accompanying report is truuried to be reported by me under Title 15, Election Code.	e and correct	and includes all information
760	tailed to be reported by the direct Price to, Election code.	-11	
		1000	
	Signature of Ca	indidate or 9	fficeholder
	Please complete either option belov	w	
	Flease complete etitler option belov	ν.	
(1) Affidavit	CAROL JEAN HARBER Notary ID #131819932 My Commission Expires December 7, 2026		
NOTARY STAMP/SEA			_
Sworn to and subscribed	before me by S. Donald this the	di da	ay of April
	which, witness my hand and seal of office.	_	
CareegasH			Deputy Election Sec
Signature of officer administe	ring oath Printed name of officer administering oath	110	e of officer administering oath
(2) Unsworn Declaration			
(2) Oliswolli Declarativ			
My name is	and my date of birth is		
My address is		-	
	(state) (zip	
Executed in	County, State of , on the day of (mont	h)	(year)
	Signature of Cand	idate/Officehol	der (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Dr. Stacey Donald 20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4295.78
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3350.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ O
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1012.26
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	^{\$} 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ O
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ O
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ O

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2	FILER NAME		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor ut-of-state PAC (iD#:	7 Amount of contribution (\$)
		6 Contributor address; City; State;	Zip Code
8	Principal occu	pation / Job title (See Instructions) 9 Employ	yer (See Instructions)
	Date	Full name of contributor	Amount of contribution (\$)
		Contributor address; City; State;	Zip Code
	Principal occup	ation / Job title (See Instructions) Employ	yer (See Instructions)
	Date	Full name of contributor	
		Contributor address; City; State;	
	Principal occup	eation / Job title (See Instructions) Emplo	yer (See Instructions)
	Date	Full name of contributor	Amount of contribution (\$)
		Contributor address; City; State;	Zip Code
	Principal occul	eation / Job title (See Instructions) Emplo	yer (See Instructions)
	S	e attached.	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

Shelulo A1 4/5/23

																																									Date
3/8/2023	1/29/2023	2/17/2023	1/9/2023	1/20/2023	1/21/2023	1/22/2023	1/23/2023	1/23/2023	1/24/2023	1/29/2023	2/9/2023	2/9/2023	2/9/2023	2/9/2023	2/10/2023	2/10/2023	2/10/2023	2/10/2023	2/10/2023	2/12/2023	2/15/2023	2/16/2023	2/17/2023	2/18/2023	2/23/2023	2/24/2023	2/25/2023	2/25/2023	3/3/2023	3/4/2023	3/4/2023	3/4/2023	3/10/2023	3/10/2023	3/12/2023	3/12/2023	3/13/2023	3/24/2023	3/26/2023	3/26/2023	
23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	23	Gros
\$50.00	\$200.00	\$100.00	\$52.95	\$21.37	\$31.89	\$105.58	\$263.47	\$105.58	\$52.95	\$105.58	\$210.84	\$31.89	\$10.84	\$10.84	\$21.37	\$21.37	\$526,63	\$52.95	\$31.89	\$42.42	\$40.00	\$42.42	\$42.42	\$42.42	\$105.58	\$52.95	\$263.47	\$31.89	\$21.37	\$50.00	\$105.58	\$52.95	\$105.58	\$21.37	\$31.89	\$52.95	\$526.63	\$52.95	\$50.00	\$52.95	Gross Amount
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			\$50.00	\$20.00	\$30.00	\$100.00	\$250.00	\$100.00	\$50.00	\$100.00	\$200.00	\$30.00	\$10.00	\$10.00	\$20.00	\$0.00	\$500.00	\$50.00	\$30.00	\$40.00	\$37.70	\$40.00	\$40.00	\$40.00	\$100.00	\$50.00	\$250.00	\$30.00	\$20.00	\$47.20	\$100.00	\$50.00	\$100.00	\$20.00	\$30.00	\$50.00	\$500.00	\$50.00	\$47.20	\$50.00	Net Amount
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Ano	Reb	George	\$2.95 Suzanne	\$1.37 Sharon	\$1.89 Eliza	\$5,58 Larel	.47 Dawna	\$5.58 Chri	\$2.95 Mari	\$5.58 Lauren	.84 Angie	\$1.89 Sumbel	\$0.84 Sreedhar	\$0.84 William	\$1.37 Elizabeth	\$0.00 Eliza	.63 Suzanne	\$2.95 Amanda	\$1.89 Julie	\$2.42 Vickie	\$2.30 David	\$2.42 Megan	\$2.42 Lorena	\$2.42 Sree	\$5.58 Christi	\$2.95 Mari	.47 Diana	\$1.89 Billye	\$1.37 Sree	\$2.80 Misty	\$5.58 Sharon	\$2.95 Tonya	\$5.58 Angela	\$1.37 Elizabeth	\$1.89 Mary	\$2.95 Anna	.63 Suzanne	\$2.95 Mari	\$2.80 Penny	\$2.95 Tonya	First
Anonymous	Rebecca	rge	anne	ron C	Elizabeth	-	'na	Christina	Marilyn R	én	Œ.	bel	dhar	am	beth	Elizabeth	anne	ında		ō.	а	an	na	Sreedhar	sti	Marilyn R	ā	æ	Sreedhar	*	ď	a	એ	beth		ש	anne	Marilyn R	γſ	à	First Name
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	Leaf Lane		or Ln	ck Rd	6205 Eaglestone Drive	6820 Studebaker Drive		1621 CHISHOLM TRL	4804 Fox Ridge Lane	d Dr	reek Rd	205	Ridge Dr	4720 Greenshire Place	6205 Eaglestone Drive	6205 Eaglestone Drive	or Ln	boro Dr	1516 Timber Edge Drive	d Circle	Orive	6400 Orchard Park Dr	Drive, P	lidge Dr	14992 Christopher Ln	4804 Fox Ridge Lane	Leaf Lane	ΙDr	Ridge Dr	1543 Timber Edge Dr	5055 Addison Circle PH 718	Ωŧ	161 South 6th. Street	6205 Eaglestone Drive	pt Terr	왔 다	or Ln	4804 Fox Ridge Lane	Valley Dr	Ω	Addi
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:						
2 FILER NAME			3 Filer ID (Ethics Commission Filers)						
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$						
5 Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description					
	7 Contributor address; City; State;	Zip Code		 de of Texas. Complete Schedule T.					
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI)	AL)(See Instructions)					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	rtor's job title (FOR JU	DICIAL)(See Instructions)					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)					
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description					
	Contributor address; City; State;	Zip Code	Check if travel outsi	 - de of Texas. Complete Schedule T.					
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)					
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)								
	Phase see attached								

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

415/23 Shedule AZ

Card Type Email Opt In Bitly Europe GmbH In-kind donation: Website design 75078 In-kind donation: Photography di2 State ĭ Prosper Ċ
 Gross Amount
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 BizMagic LLC
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 Meyer
 415-533-3309

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 \$350.00
 Cheri Root Phot Cheri
 Root
 407.247.7009
 601 E. 3rd St
 Date Gr 10/22/2023 8/24/2023

TOTAL \$3,350.00

Please See attacked

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wa The Instruction Guide explains how to co	ages/Contract Labor Other (enter a category not listed above) omplete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY 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
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY 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
	Check if travel outside of Texas. Complete Schedule T.	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

Shedwle 71 4/5/23

e Memo/Note	Store Copies	xStore Copies	119.74 Brownbag Soluti Campaign lit/Printing	es Office Suppplies - Paper and Files	es "Gold Rhombus" - business cards	30.49 BrounBag Soluti Palm Cards	90.48 Phillip and Selin: Thank you cards + envelopes	S Stamps & mailers	S	24.99 Biz Cards Vendc Business Cards	87.13 Office Depot Banner	teWay Fees for online donation transactions	129.47 Bitly Europe Gm QR codes
Payee	UPS (FedE	Browr	Staple	Staple	Broun	Phillip	25.2 USPS	USPS	Biz C	Office	Donat	Bitly E
	11.04 UPS Store	184.03 FedExStore	119.74	57,34 Staples	43.29 Staples	30.49	90.48	25.2	26.75 USPS	24.99	87.13	182.31 DonateWay	129.47
Amount													
Entry Date	0/06/2023	04/06/2023	04/06/2023	04/06/2023	04/06/2023	04/06/2023	04/06/2023	04/06/2023	04/06/2023	04/06/2023	04/06/2023	04/06/0203	04/06/23
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Subtotals Expenses

1012.26