CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

THE CONTINUOUS COUNTY	Gulde explains how	to complete this form.	1 Filer ID (Ethics Commission	Filers) 2 Total pages filed:
GANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Ainsley	MI	OFFICE USE ONLY
(ACIA)	NICKNAME	Stelling	SUFFIX	Date Received H2202407:57p
CANDIDATE/	ADDRESS / PO BOX	APT / SUITE #.	CITY, STATE: ZIP COI	DE III
OFFICEHOLDER MAILING ADDRESS Change of Address				TAH
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	FXTENSION	E World 4/2/262
CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Ainsley	MI	Receipt # Amount \$
	NICKNAME	Stelling	SUFFIX	Date Imaged
CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT I	SUITE #: CITY:	STATE: ZIP CODE
Residence or Business)				
CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
REPORT TYPE	January 15	30th day before		15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before	election Exceeded Mod) I mai report (diacri oron - 1 m)
PERIOD	Ш.		Reporting Limit	L J Time report (Autorior 1714)
PERIOD COVERED	July 15 Month	Day Year 30 24	Reporting Limit	fonth Day Year
COVERED	Month	Day Year 30 24	THROUGH 3 ELECTION Reporting Limit M ELECTION Other Description	Month Day Year 25 24
COVERED 1 ELECTION	Month 1 ELECTION DA Month Day	Day Year 30 24 TE Year Primar 24 Genera	THROUGH 3 ELECTION Y Runoff Other Described Special 13 OFFICE SOUGHT (Month Day Year 25 24 N TYPE
COVERED I ELECTION OFFICE NOTICE FROM POLITICAL	Month 1 ELECTION DA Month Day 5 4 OFFICE HELD (if any) THIS BOX IS FOR NOTIT THE CANDIDATE / OFFI	Day Year 30 24 TE Year Primar 24 General CE OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDITUS	THROUGH THROUGH ELECTION Special THROUGH THROUGH ELECTION Other Describes A OFFICE SOUGHT (Lewisville City Standard Apple Without The Case May have been made without the Case of the Case o	Month Day Year 25 24 N TYPE If known) Y Council Place 2 JREB MADE BY POLITICAL COMMITTEES TO SUPPOR JEC CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF
COVERED I ELECTION OFFICE NOTICE FROM	Month 1 ELECTION DA Month Day 5 4 OFFICE HELD (if any) THIS BOX IS FOR NOTIT THE CANDIDATE / OFFI	Day Year 30 24 TE Year Primar 24 General CE OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDITUS	THROUGH THROUGH ELECTION Special THROUGH THROUGH ELECTION Other Describes A OFFICE SOUGHT (Lewisville City Standard Apple Without The Case May have been made without the Case of the Case o	Month Day Year 25 24 N TYPE If known) Y Council Place 2 JREB MADE BY POLITICAL COMMITTEES TO SUPPORT JE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF
COVERED I ELECTION OFFICE NOTICE FROM POLITICAL	Month 1 ELECTION DA Month Day 5 4 OFFICE HELD (If any) THIS BOX IS FOR NOTIT THE CANDIDATE / OFFIC	Day Year 30 24 TE Year Primar 24 General	THROUGH THROUGH ELECTION Special THROUGH THROUGH ELECTION Other Describes A OFFICE SOUGHT (Lewisville City Standard Apple Without The Case May have been made without the Case of the Case o	Month Day Year 25 24 N TYPE If known) Y Council Place 2 JREB MADE BY POLITICAL COMMITTEES TO SUPPORT JE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF
2 OFFICE NOTICE FROM POLITICAL COMMITTEE(S)	Month 1 ELECTION DA Month Day 5 4 OFFICE HELD (if any) THIS BOX IS FOR NOTITHE CANDIDATE / OFFICE ONSENT. CANDIDATE: COMMITTEE TYPE	Day Year 30 24 TE Year Primar 24 General General	THROUGH ELECTION Y Runoff Other Describe Special 13 OFFICE SOUGHT (Lewisville City IS ACCEPTED OR POLITICAL EXPENDITION SES MAY HAVE BEEN MADE WITHOUT THE SES MADE WITHOUT THE SES MAY HAVE BEEN MADE WITHOUT THE SES MAY	fonth Day Year 25 24 TYPE Iption

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Ainsley Stelling		16 Filer ID (I	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	AN \$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	s) \$	4,217.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	4,066.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L OF REPORTING PERIOD	AST DAY \$	1,253.76
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$	0.00
	Please complete either option belo	Candidate or of	ficeholder
(1) Affidavit NOTARY STAMP/SEAL	r lease complete entrer option belo		
Sworn to and subscribed	perfore me by this the	e day	y of,
20, to certify	rhich, witness my hand and seal of office.		
Signature of officer administer	ng oath Printed name of officer administering oath	Title	of officer administering oath
100 P. SURES	on	T CLE	
(2) Unsworn Declaration	n		
My name is Hio	Stay Stelling, and my date of birth	is	1
My address is	Lewistile.	ZK	DAY CRA
Executed in <u>Qub</u>	(street) (city) County, State of on the day of (more state of Candidate	Dul.	(year)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	riler N	AME Stelling		20 Filer ID (Ethics Co	mmiss	ion Filers)
21		JLE SUBTOTALS F SCHEDULE		,		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				\$	2,862.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				\$	1,355.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS				5	
4.	SCHEDULE E: LOANS				\$	
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				\$	1,601.14
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				\$	570.98
9,		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				1,894.15
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				\$	
11.		SCHEDULE I: NO	N-POLITICAL EXPENDITURES MADE FROM PO	OLITICAL CONTRIBUTIONS	s	(4)
12.			ITEREST, CREDITS, GAINS, REFUNDS, AND D FILER	CONTRIBUTIONS RETURNED	\$	

SCHEDULE A1

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

				14 711 01 11 11
The	Instruction Guide explains how	to complete	his form.	1 Total pages Schedule A1.
2 FILER NAME Ainsley Ste	elling			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	
03/05/2024	6 Contributor address;	City.	State; Zip Code	50.00
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state	PAC (ID#)	Amount of contribution (\$)
03/05/2024	Jeff Woods			150.00
	Contributor address;	City;	State; Zip Code	150.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of contribution (\$)
3/07/2024	Destiny Wilbanks			65.00
	Contributor address;	City;	State; Zip Code	65.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	aut-of-state	PAC (ID#:)	Amount of contribution (\$)
03/09/2024				050.00
30/00/2024	Contributor address:	City;	State; Zip Code	250.00
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTACHADDITI	ONAL COPIE	S OF THIS SCHEDULE AS N	HEEDED

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

SCHEDULE A1

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

		T.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Ainsley Ste		3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2024	5 Full name of contributor out-of-state PAC (ID#	
33/03/2024	6 Contributor address: City; State: Zip Code	30.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	actions)
Date	Full name of contributor out-of-state PAC (ID#) Lauren Billings	Amount of contribution (\$)
03/03/2024	Contributor address; City; State; Zip Code	62.00
Principal occup	eation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
03/03/2024	Lori Magnuson Contributor address; City, State; Zip Code	30.00
Principal occup	eation / Job title (See Instructions) Employer (See Instruc-	ctions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
03/03/2024	Todd Baden Contributor address; City; State; Zip Code	175.00
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	ctions)
	ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED

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 Ainsley Ste				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID# Christopher Englehart			
03/02/2024	6 Contributor address:	City;	State: Zip Code	20.00
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date	Full name of contributor Judy Dolley	out-of-state	PAC (ID#	Amount of contribution (\$)
03/02/2024	Contributor address;	City;	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state	PAC (ID#:)	Amount of contribution (\$)
03/02/2024	/02/2024 Paul Staudacher Contributor address; City;		State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor Joseph McLaughlin	out-of-state	PAC (ID#:)	Amount of contribution (\$)
03/03/2024	Contributor address:	City;	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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

SCHEDULE A1

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

The	Instruction Guide explains how	to complete ti	his form.	1 Total pages Schedule A1:
Ainsley Ste	elling			3 Filer ID (Ethics Commission Filers)
l Date	Tim and Debbie Hunt		PAC IID#)	7 Amount of contribution (\$)
02/26/2024	6 Contributor address:	City;	State; Zip Code	250.00
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	l tions)
Date	Full name of contributor	out-of-state P	AC (ID#)	Amount of contribution (\$)
3/02/2024	Contributor address;	City;	State; Zip Code	150.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Arnold Block	out-of-state P	AC (ID#	Amount of contribution (\$)
3/01/2024	Contributor address;	City;	State; Zip Code	500.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor Michael Wynn	out-of-state P	AC (ID#)	Amount of contribution (\$)
	Contributor address:	City:	State: Zip Code	50.00
2/28/2024				

SCHEDULE A1

The	Instruction Guide explains how	to complete th	is form.	1 Total pages Schedule A1:
FILER NAME Ainsley Ste				3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	
2/05/2024	6 Contributor address:	City;	State: Zip Code	20.00
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date	Full name of contributor Jeff Woods	out-of-state P/	AC (ID#:)	Amount of contribution (\$)
2/05/2024	Contributor address;	City;	State; Zip Code	10.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out of state Di	AC (ID#:	
Date		CUI-DI-SIRIE PA	(10#)	Amount of contribution (\$)
	Andrew Muras		State; Zip Code	100.00
2/06/2024	Andrew Muras			100.00
2/06/2024	Andrew Muras Contributor address; pation / Job title (See Instructions) Full name of contributor		State; Zip Code Employer (See Instruc	100.00
2/06/2024 Principal occup	Contributor address; contributor address; contributor address;	City;	State; Zip Code Employer (See Instruc	100.00

SCHEDULE A1

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

I name of contributor ert and Linsey Shields ntributor address: Job title (See Instructions)		State Zip Code State Zip Code	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 100.00
ert and Linsey Shields ntributor address Job title (See Instructions)		State Zip Code	to standard the second standard the second s
		9 Employer (See Instruc	
I name of contributor			itions)
e and Heather Pitts		C (ID#) State, Zip Code	Amount of contribution (\$)
ob title (See Instructions)		Employer (See Instruc	tions)
			Amount of contribution (\$)
lob title (See Instructions)		Employer (See Instruc	tions)
name of contributor	out-of-state PA	C ((D#)	Amount of contribution (\$)
	City.	State: Zip Code	
lob title (See Instructions)		Employer (See Instruct	tions)
	ntributor address, lob title (See Instructions)	I name of contributor out-of-state PA Intributor address, City. I name of contributor out-of-state PA I name of contributor out-of-state PA Intributor address. City.	Iname of contributor Out-of-state PAC (ID#

SCHEDULE A2

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

т	he instruction Guide explains how to complete this for	m.	1 Total pages Scheo	dule A2.
2 FILER NAM Ainsley S			3 Filer ID (Ethics Commission Filers)	
	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date 02/26/2024 10 Principal occ	6 Full name of contributor out-of-state PAC (ID#	Zip Code		9 In-kind contribution description fundraising auction item - gift basket+biz tour ide of Texas, Complete Schedule T.
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JL	JDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/29/2024	Full name of contributor	Zip Code	Amount of Contribution \$ 300.00	In-kind contribution description fundraising auction item - tattoo service de of Texas, Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICA	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

SCHEDULE A2

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

Т	he instruction Guide explains how to complete this for	m.	1 Total pages Scheo	40 A2:
2 FILER NAM Ainsley S			3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date 03/01/2024	6 Full name of contributor	Zip Code		9 In-kind contribution description fundraising auction item - lawn service ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	or (FOR NON-JUDICI	IAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	16 Law firm	of contributor's spou	ise (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/29/2024	Full name of contributor	Zip Code	Amount of Contribution \$ 100.00	In-kind contribution classification fundraising auction item - handyman service ide of Texas. Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICE	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

SCHEDULE A2

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

Т	he Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAM Ainsley S			3 Filer ID (Ethics Commission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date 02/28/2024	6 Full name of contributor out-of-state PAC (ID#		B Amount of 9 In-kind contribution Contribution \$ description 40.00 fundraising auction item - cup Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (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 In-kind contribution description
02/29/2024	Contributor address; City; State;	Zip Code	200.00 fundraising auction tem - sprinkler service
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T. rr (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor'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)		

SCHEDULE A2

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

	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
Ainsley S	Stelling		
-	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#		8 Amount of S In-kind contribution Contribution \$ I description
02/25/2024	7 Contributor address; City; State;	Zip Code	25.00 fundraising auction item - gift card Check if travel outside of Texas, Complete Schedule 1
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 02/29/2024	Full name of contributor	Zip Code	Amount of Contribution \$\frac{1}{25.00} \text{In-kind contribution description} \text{fundraising auction item - dinner service} Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribut	ator's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

SCHEDULE A2

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

TI	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2.
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
Ainsley S	Stelling		- The To (Lines commission Finds)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#)	8 Amount of 9 In-kind contribution
	Ainsley Stelling		Contribution \$ description
02/28/2024	7 Contributor address; City; State;	Zip Code	35.00 fundraising auction item - cup
			Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#		Amount of In-kind contribution
	Ainsley Stelling		Contribution \$ description
02/28/2024	Contributor address; City; State;	Zip Code	35.00 fundraising auction item - cup
			Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor'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)		

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this for	m.	1 Total pages Sched	tule A2:
2 FILER NAMI	Ε		3 Filer ID (Ethics Co	ommission Filers)
Ainsley S	stelling			,
7 11110101	g			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor ut-of-state PAC (ID#	نــــــن	8 Amount of	9 In-kind contribution
	Harriett Stelling		Contribution \$	description
00/04/0004			20.00	fundraising auction
02/24/2024	7 Contributor address; City; State;	Zip Code		i item - necklace
			Check if travel outs	ide of Texas, Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	JDICIAL) (See Instructions)
	,	10	,	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	ise (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	Full name of contributor Out-of-state PAC (ID#			1
Date			Amount of Contribution \$	In-kind contribution description
	Paul Stelling			fundraising auction
02/24/2024	Contributor address; City; State;	Zip Code	75.00	item - hat
	,			i
			Check if travel outs	de of Texas, Complete Schedule T.
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	or (FOR NON-JUDIC!	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	*			
			Value Committee Committee Committee	

SCHEDULE A2

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

he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2
E		3 Filer ID (Ethics Commission Filers)
Stelling		The is the commence there,
, coming		
F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
6 Full name of contributor ut-of-state PAC (ID#)	8 Amount of 9 In-kind contribution
Paul Stelling		Contribution \$ description
r dar otoming		125.00 fundraising auction
7 Contributor address: City: State:	Zip Code	item - hat
		Check if travel outside of Texas. Complete Schedule T.
cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
principal occupation (FOR JUDICIAL)	13 Contribu	stor's job title (FOR JUDICIAL) (See Instructions)
employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Full name of contributor	Zip Code	Amount of Contribution \$ In-kind contribution description
supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas, Complete Schedule T. r (FOR NON-JUDICIAL)(See Instructions)
principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	F UNITEMIZED IN-KIND POLITICAL CONTRIB F UNITEMIZED IN-KIND POLITICAL CONTRIB F UNITEMIZED IN-KIND POLITICAL CONTRIB Full name of contributor	F UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS FUNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Polling Expense Accounting/Banking Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Grft/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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Ainsley Stelling 4 Date 5 Payee name 02/12/2024 Signs on the Cheap 6 Amount (\$) 7 Payee address; City; State: Zip Code 306.35 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE printing expense signs OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 02/13/2024 Sticker Mule Amount (\$) City: State: Zip Code Payee address; 86.40 Category (See Categories listed at the top of this schedule) Description PURPOSE advertising expense stickers OF EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 02/27/2024 Paypal Amount (\$) Payee address: City: State: Zip Code 7.72 Category (See Categories listed at the top of this schedule) Description **PURPOSE** fees fees OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense 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 Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee Legal Services Saleries/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 FILER NAME 3 Filer ID (Ethics Commission Filers) Ainsley Stelling 4 Date 5 Payee name 02/29/2024 Donorbox 6 Amount (\$) 7 Payee address; Zip Code City; State: 11.92 (a) Category (See Categories listed at the top of this achedule) (b) Description PURPOSE fees fees EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 03/02/2024 Paypal Zip Code Amount (\$) City: State: Payee address; 4.83 Category (See Categories listed at the top of this schedule) Description PURPOSE fees fees EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name 03/07/2024 Donorbox Amount (\$) Payee address: Zip Code City; State: 2.62 Category (See Categories listed at the top of this schedule) Description PURPOSE fees fees OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense Candidate / Officeholder name Office sought Office hald Complete ONLY if direct expenditure to benefit C/OH

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
Credit Card Payment

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selaries/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 F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ainsley Stelling 4 Date 5 Payee name 03/21/2024 Amazon 6 Amount (\$) 7 Payee address; Zip Code CITY: State: 186.13 (b) Description (a) Category (See Categories listed at the top of this schedule) PURPO8E constituent meeting event expense OF EXPENDITURE (c) Check if travel outside of Taxas, Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 03/08/2024 Party City Zip Code Amount (\$) City; State; Payee address; 93.10 Category (See Categories listed at the top of this schedule) Description PURPOSE event expense constituent meeting OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T Check if Austin TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name 03/08/2024 Lowe's Amount (\$) Payee address; City; State; Zip Code 32.41 Category (See Categories listed at the top of this schedule) Description PURPOSE event expense constituent meeting

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Office held

Check if Austin, TX, officeholder living expense

Office sought

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Food/Beverage Expense
Gift/Awards/Memorials Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ainsley Stelling 4 Date 6 Payee name 03/11/2024 Signs on the Cheap 6 Amount (\$) 7 Payes address; Zip Code City. State: 836.66 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE printing expense signs OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 03/11/2024 Givebutter Amount (\$) Zip Code Payee address; City; State 8.00 Category (See Categories listed at the top of this schedule) Description PURPOSE fees fees OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Рауве пате 03/13/2024 Givebutter Amount (\$) Payee address: City: State: Zip Code 7.00 Description Category (See Categories listed at the top of this schedule) PURPOSE fees fees OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
Total pages Schedule F1:	2 FILER NAME Ainsley Stelling			Commission Filers	
03/07/2024	5 Payee name Givebutter				
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
18.00					
	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	fees	fees			
	(c) Check if travel outside of Texas. Complete Schedule T.	tin, TX, officeholder living	expanse		
Complete ONLY if direct expenditure to benefit C/OF	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.	in, 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 Austi	eck if Austin, TX, officeholder living expense		
	Candidate / Officeholder name	Office sought		Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expens

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

Fees
Fees
Food/Beverage Expense
Gift/Awards/Memonals 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)

he Instruction Guide explains IE IIE ING DITURES CHARGED T THE THE THE THE THE THE THE T	Co A CREDIT CA Ci Non-Political hedule) (b) Desc adverti	RD \$	State;	Zip Code
DITURES CHARGED To e Teas; Cal	Non-Political hedule) (b) Desc adverti	RD \$	State;	Zip Code
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e Categories listed at the top of this so PEXPENSE Ck if travel outside of Texas, Complete School of Texas, Complete Sch	Non-Political hedule) (b) Desc adverti	ription Sing merc Check if Austin, T.	handise	
e Categories listed at the top of this so PEXPENSE Ck if travel outside of Texas, Complete School of Texas, Complete Sch	Non-Political hedule) (b) Desc adverti	ription Sing merc Check if Austin, T.	handise	
e Categories listed at the top of this so ONE OF The Categories of Texas, Complete Softe / Officeholder name	adverti	Sing merc	K, officeholder livir	ng expense
expense ck if travel outside of Texas, Complete Sch	adverti	Sing merc	K, officeholder livir	ng expense
re / Officeholder name				ng expense
	Office sought			
0			Office I	held
ess;	Cit	y;	State;	Zip Code
cal	Non-Political			
e Categories listed at the top of this so	100 mm 10	10.70 May 10.00		
ck if travel outside of Texas. Complete Sch	nedule T.	Check if Austin, T	X, officeholder livir	ng expense
e / Officeholder name	Office sought		Office f	neld
	e Categories listed at the top of this science EXPENSE Skifftravel outside of Texas. Complete Sch	e Categories listed at the top of this schedule; expense website ck if travel outside of Texas. Complete Schedule T.	e Categories listed at the top of this schedule; expense website email ck if travel outside of Texas. Complete Schedule T. Check if Austin, T.	e Categories listed at the top of this schedule) expense website email ck if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Political Non-Political Non-Political (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE (c) Check if trevel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense Candidate / Officeholder name Office sought Office held			EXPENDITURE CATE	GORIES F	OR BOX 10(a)		
1 Total pages Schedulo F4 Anniversity Stelling 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO ACREDIT CARD 5 Date 6 Payee name 6 Payee name 7 Amount (\$) 8 Payee address: City: State: Zip Code 192.00 9 TYPE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising expense (b) Description Website hosting and build (c) Check if evert code of or Track of Austin. TX. officeholder living expense (c) Check if evert code of the top of this schedule) Purpose EXPENDITURE Payee name Wix.com Candidate / Officeholder name Office abought Office held Payee name Wix.com Payee name Wix.com Payee name Complete Oilly if direct Candidate / Officeholder name Office sought Office held	Accounting/Ranking Consulting Expense Contributions/Donations Made I		Fees Food/Beverage Expense Giff/Awards/Memorials Expense	Office Over Polling Exp Printing Ex	rhead/Rental Expense cense pense	Transportation Equip Travel In District Travel Out Of Distric	ment & Related Expense t
Ainsley Stalling 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO ACREDIT CARD 5 Date 6 Payee name 02/03/2024 Wix.com 7 Amount (5) 192.00 9 TYPE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Website hosting and build Candidate / Officeholder name Office aought Office held TYPE OF EXPENDITURE Payee name Wix.com Candidate / Officeholder name Office aought Office held TYPE OF EXPENDITURE Payee name Wix.com Payee name Office held Category (See Categories sisted at the top of this schedule). Candidate / Officeholder name Office aought Office held Category (See Categories sisted at the top of this schedule). Date Payee name Office held Category (See Categories sisted at the top of this schedule). Category (The Instruction Guide explain	ns how to c	omplete this form.		
8 Payee name 02/03/2024 Wix.COM 7 Amount (\$) 8 Payee address; City: State; Zip Code 192.00 9 TYPE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Website hosting and build Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Payee name 02/03/2024 Wix.COM Amount (\$) Payee address; City: State: Zip Code 154.90 TYPE OF EXPENDITURE Payee address; City: State: Zip Code 154.90 Category (See Categories listed at the top of this schedule) Amount (\$) Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Amount (\$) Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Amount (\$) Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Advertising expense Category (See Categories listed at the top of this schedule) Category (Gee Categories listed at the top of this schedule) Category (Gee Categories listed at the top of this schedule) Category (Gee Categories listed at the top of this schedule) Category (Gee Categories listed at the top of this schedule) Category (Gee Categories listed at the top of this schedule) Category (Gee Categories listed at the top of this schedule) Category (Gee Categories listed at the top of this schedule) Category (Gee Categories listed at the top of this schedule) Category (Gee Categories listed at the top of this schedule) Category (Gee Categories listed at the top of this schedule) Category (Gee Categories listed at the top of this schedule) Category (Gee Categories listed at the top of this schedule) Category (Gee Categories listed at the top of this schedule) Category (Gee Categories listed at the top of this schedule) Category (Gee Categories listed at the top of this schedule) Category (Gee Categories listed at the top of this schedule) Category (Gee Categories listed at the top of this schedule) Category (G	1 Total pages Schedule F4:					3 Filer ID (Ethics	Commission Filers)
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192.00 TYPE OF EXPENDITURE (e) Category (See Categories listed at the top of this schedule) Advertising expense (c) Check if trevet cutside of Texas. Complete Schedule T. Check if Austin. TX, office hold Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held TYPE OF EXPENDITURE Payee address: City: State: Zip Code TYPE OF EXPENDITURE Payee address: Category (See Categories listed at the top of this schedule) Amount (s) Payee address: Category (See Categories listed at the top of this schedule) Advertising expense Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Advertising merchandise Check if Austin. TX. officeholder living expense Check if Exweloutede of Texas. Complete Schedule T. Check if Austin. TX. officeholder living expense Candidate / Officeholder name Office sought Office held Complete QNLY if direct							
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Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/03/2024 Wix.com Amount (\$) Payee address: City: State: Zip Code TYPE OF EXPENDITURE Political Non-Political Description advertising expense Catogory (See Categories listed at the top of this schedule) advertising merchandise Check if traveloutside of Texas. Complete Schedule T. Check if Austin, Tx. officeholder living expense Candidate / Officeholder name Office sought Office held	PURPOSE			schedule)		ng and build	
Date Payee name 02/03/2024 Wix.com Amount (\$) Payee address: City: State: Zip Code TYPE OF EXPENDITURE Political Non-Political Category (See Categories listed at the top of this schedule) Purpose of EXPENDITURE Check if travel outside of Texas. Complete Schedule Total Complete ONLY if direct Candidate / Office hold Complete ONLY if direct Only State: Zip Code Non-Political Description advertising merchandise Check if travel outside of Texas. Complete Schedule Total Check if Austin, TX. officeholder living expense		(c)	Check if travel outside of Texas, Complete	Schedule T.	Check if Au	stin. TX, officeholder living] expense
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PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising expense Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Candidate / Officeholder name Complete ONLY if direct Non-Political Non-Political Non-Political Non-Political Non-Political Advertising merchandise advertising merchandise Check if Austin, TX. officeholder living expense Candidate / Officeholder name Office sought Office hold		Payee	address;		City:	State:	Zip Code
PURPOSE OF EXPENDITURE Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office hold		•	Political	Non-Po	litical		
Candidate / Officeholder name Office sought Office hold Complete ONLY if direct	OF	1 = 1500000	* * * * * * * * * * * * * * * * * * *	schedule)		nerchandise	
Complete ONLY if direct			Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin, TX, officeholder living	g expense
		Can	didate / Officeholder name	Of	ffice sought	Office h	bld

SCHEDULE G

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

	EXPENDITURE C	ATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officaholder/Politic Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor xplains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Ainsley Stelling		3 Filer ID (Ethics Commission Filers)
4 Date 02/14/2024	5 Payee name Custom Ink		
5 Amount (\$) 453.50 Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of event expense	(b) Description constituent me	eeting
S Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Candidate / Officeholder name	lete Schedule T. Check if Austri Office sought	n, TX, officeholder living expense Office held
Date 02/14/2024	Payee name Signs on the Cheap		
Amount (\$) 294.18 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of printing expense	filia schedule) Description Signs	
Complete ONLY if direct expenditure to benefit C/O	Check if travel outside of Texas, Complication Candidate / Officeholder name H	ete Schedule T. Check if Austin	o, TX, officeholder living expense Office held
Date 02/18/2024	Payee name Canva		
Amount (\$) 114.00 Reimbutsement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of printing expense	this schedule) Description	
	Check if travel outside of Texas. Comple		TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held

SCHEDULE G

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memonals Expense Legal Services The Instruction Guide explain	Office Over Polling Ex Printing Ex Salaries/V	cpense /eges/ContractLabor	Travel In District Travel Out Of District	oment & Related Expense
1 Total pages Schedule G:	2 FILER NA	ME / Stelling			3 Filer ID (Ethic	s Commission Filers)
4 Date 02/25/2024	5 Payee nat	me			J	
6 Amount (\$) 217.07 Reimbursement from political contributions artended	7 Payee ad	dress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category event ex	(See Categories listed at the top of this s	chedule)	(b) Description constituent me	eeting	
9		Check if travel outside of Texas, Complete Sci ate / Office holder name		Check if Austin	n, TX, officeholder living	expense Office held
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Cincentral Harris		Olinea sought		Office risid
Date	Payee nar	ne				
02/27/2024	Amazo	n				
Amount (\$) 28.87 Reimbursement from political contributions intended	Payee add	dress;		City;	State;	Zip Code
PURPOSE OF	event ex	(See Categories listed at the top of this se	chedule)	constituent me	eeting	
EXPENDITURE		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date	Payee nan	ne		-		
02/28/2024	Facebo	ook				
Amount (\$) 7.99 Reimbursement from political contributions intended	Payee add	ireas;		City;	State;	Zip Code
PURPOSE		(See Categories listed at the top of this so ng expense	chedule)	Description social media a	advertising	

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Check if travel outside of Texas, Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin. TX, officeholder living expense

SCHEDULE G

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

		EXPENDITURE CATE	GORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	es Office Overhead/Rental Expense od/Beverage Expense Polling Expense t/Awards/Memorials Expense Printing Expense		ng Expense nent & Related Expense y not listed above)
1 Total pages Schedule G:	And the second of the Second Second Second	AME y Stelling		3 Filer ID (Ethics	Commission Filers)
4 Date 03/04/2024	5 Payee na Faceb	me		J	
6 Amount (\$) 10.00 Reimbursement from political contributions intended	7 Payes ad	dress;	City;	State;	Zip Code
8 PURPOSE OF		(See Calegories listed at the top of this sci ing expense	(b) Description social media a	advertising	
EXPENDITURE	(c)	Check if travel outside of Texas, Complete Sch	edule T. Check if Austr	(Dense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candio	date / Officeholder name	Office sought		Office held
Date 03/14/2024	Payee na				
Amount (\$) 3.00 Reimbursement/from political contributions intended	Payee ad	dress;	City	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this sch ng expense	social media a	advertising	
		Check if travel outside of Texas. Complete Scho	n, TX. officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/0		ate / Officeholder name	Office sought		Office held
Date 03/25/2024	Payee nar Facebo				
Amount (\$) 6.80 Reimbursement from political contributions intended	Payee ad	dreas;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories fixted at the top of this sch ng expense	social media a	advertising	
		Check if travel outside of Texas, Complete Sche	dule T. Check if Austin	n. TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name	Office sought	,	Office held

SCHEDULE G

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

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense initing Expense alaries/Wages/Contract Labor ow to complete this form.	ng Expense ment & Related Expens ry not listed above)		
1 Total pages Schedule G:	2 FILER NAME Ainsley Stelling		3 Filer ID (Ethics	Commission Filers)	
4 Date 03/16/2024	5 Payee name Amazon				
Amount (\$) 62.76 Reimbursement from political contributions intended	7 Payee address;	City,	State,	Zip Code	
PURPOSE OF	(a) Category (See Categories fisted at the top of this scheduled advertising expense	(b) Description yard sign stak	es		
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedul	T. Check if Austin	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	•	Office held	
Date 03/12/2024	Payee name Chase				
Amount (\$) 570.98 Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code	
PURPOSE OF	Category (See Categories listed at the top of this schedu	payment of cre	edit card bill		
EXPENDITURE	Check if travel outside of Texas, Complete Schedul	T. Check if Austin	cpense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held	
Date 03/04/2024	Payee name Lewisville Parks and Recreation	1			
Amount (\$) 25.00 Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories fisted at the top of this schedule event expense	eeting			
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n. TX. officeholder living ex	pense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	