

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:

3 CANDIDATE / OFFICEHOLDER NAME

MS (MR) / MR FIRST MI
Staci L
NICKNAME LAST SUFFIX
Weaver

OFFICE USE ONLY

Date Received
COLLIN COLLEGE
Received
APR 07, 2025
Time:
District President's Office

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2305 Kidwell Ct Plano TX 75070

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(830) 507-0706

Date Hand-delivered or Date Postmarked
4/7/25 11:45am

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
John E.
NICKNAME LAST SUFFIX
Payton

Receipt # Amount \$
Date Processed
Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
6318 Humboldt Pl McKinney TX 75070

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(469) 964 8881

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
1 / 1 / 2025 THROUGH 4 / 3 / 2025

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
5 / 3 / 2025 General Special College Board Election

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Collin College Board of Trustees Plc. 4

14 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.

COMMITTEE TYPE

COMMITTEE NAME

Additional Pages

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

The Charter Schools Now Political Action Committee
3005 S. Lemar Blvd Ste D109 #250 Austin TX 78704
Natalie Kahgrick
3005 S. Lemar Blvd. Ste D109 #250 Austin TX 78704

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

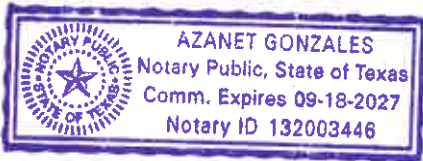
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Staci Weaver</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>8</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>10,050.56</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>8</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>8599.47</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>6280.56</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>4603.89</i> <i>(circled)</i>

18 SIGNATURE 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.

Staci Weaver

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Staci L Weaver* this the *7* day of *April*,
20 25, to certify which, witness my hand and seal of office.
Azanet Gonzales *Azanet Gonzales* *8:29 Am*
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____ and my date of birth is _____
 My address is _____, _____, _____, _____, _____
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME

Staci Weaver

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,050.00 ✓
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,300.00 ✓
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ N/A
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 4,603.99
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 880.00 ✓
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ N/A
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ N/A
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4,002.00 ✓
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4,603.99
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 7,719.47
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ n/a
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ N/A

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 <i>Staci Weaver</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/28</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jean Brown</i>	7 Amount of contribution (\$) <i>200.00</i>
6 Contributor address; City; State; Zip Code <i>6417 Avalon Wady McKinney TX 75078</i>		
8 Principal occupation / Job title (See Instructions) <i>Pop. Mgr</i>		9 Employer (See Instructions)
Date <i>3/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bob Thurman</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code <i>5912 Valleybrook Dr Plano TX 75093</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gary Frazier</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>1901 Cypress St dr. McKinney TX 75078</i>		
Principal occupation / Job title (See Instructions) <i>Builder / President</i>		Employer (See Instructions) <i>Core Contract</i>
Date <i>3/3</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cynthia Trigg</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>5803 Andover Dr Parker TX 75002</i>		
Principal occupation / Job title (See Instructions) <i>Superintendent</i>		Employer (See Instructions) <i>Evolution Academy</i>
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Staci Weaver</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/28</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathy Taylor</i>	7 Amount of contribution (\$) <i>100</i>
6 Contributor address; City; State; Zip Code <i>7105 Yardley Ln Plano TX 75024</i>		
8 Principal occupation / Job title (See Instructions) <i>Director</i>		9 Employer (See Instructions) <i>YMCA</i>
Date <i>2/28</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Yesenia Na Leon Borm</i>	Amount of contribution (\$) <i>100</i>
Contributor address; City; State; Zip Code <i>1870 Combs Crest Cr Apopka FL 32712</i>		
Principal occupation / Job title (See Instructions) <i>Program Mgr</i>		Employer (See Instructions) <i>Fox Tech</i>
Date <i>2/27</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Slaughter</i>	Amount of contribution (\$) <i>250.00</i>
Contributor address; City; State; Zip Code <i>2912 County Road 325 McKinney TX 75069</i>		
Principal occupation / Job title (See Instructions) <i>Realtor</i>		Employer (See Instructions) <i>Self Employed</i>
Date <i>2/27</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Earl Esquejo</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>2417 Dodson St. Garland TX 75042</i>		
Principal occupation / Job title (See Instructions) <i>Professor</i>		Employer (See Instructions) <i>Dallas College</i>

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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Staci Weaver</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Marionne Petaino</i>	7 Amount of contribution (\$) <i>150-</i>
6 Contributor address; City; State; Zip Code <i>3700 NW 104th ave Coral Springs FL 33065</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>2/27</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Slaughter</i>	Amount of contribution (\$) <i>250-</i>
Contributor address; City; State; Zip Code <i>2912 Canty Road 305 McKinney TX 75069</i>		
Principal occupation / Job title (See Instructions) <i>Reactor</i>		Employer (See Instructions) <i>Self Employed</i>
Date <i>2/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Allison Kenney</i>	Amount of contribution (\$) <i>100-</i>
Contributor address; City; State; Zip Code <i>10533 Via Lugano Ct Clermont FL 34711</i>		
Principal occupation / Job title (See Instructions) <i>Graphic Designer</i>		Employer (See Instructions) <i>Google</i>
Date <i>2/16</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Allison Kenney</i>	Amount of contribution (\$) <i>100-</i>
Contributor address; City; State; Zip Code <i>10533 Via Lugano Ct Clermont FL 34711</i>		
Principal occupation / Job title (See Instructions) <i>Graphic Designer</i>		Employer (See Instructions) <i>Google</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME: <i>Staci Weaver</i>		3 Filer ID (Ethics Commission Filers)
4 Date: <i>2/27</i>	5 Full name of contributor: <i>Poula Cheek</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$): <i>50</i>
6 Contributor address: <i>903 Glen Rose Dr Allen TX 75013</i> City: State: Zip Code		
8 Principal occupation / Job title (See Instructions): <i>Retired</i>		9 Employer (See Instructions)
Date: <i>2/27</i>	Full name of contributor: <i>Robert E. Conright Jr</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$): <i>50</i>
Contributor address: <i>8621 Berwick Dr Plano TX 75025</i> City: State: Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: <i>2/27</i>	Full name of contributor: <i>Christine Kerr</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$): <i>100</i>
Contributor address: <i>3604 Wyeth Dr Plano TX 75023</i> City: State: Zip Code		
Principal occupation / Job title (See Instructions): <i>Retired</i>		Employer (See Instructions)
Date: <i>2/27</i>	Full name of contributor: <i>Lily Bao</i> <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$): <i>100</i>
Contributor address: <i>3708 Pilot Dr Plano TX 75025</i> City: State: Zip Code		
Principal occupation / Job title (See Instructions): <i>Prp. Mgr</i>		Employer (See Instructions): <i>Self Emp Legal</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Staci Weaver</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/17</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stan Jewell</i>	7 Amount of contribution (\$) <i>250</i>
6 Contributor address; City; State; Zip Code <i>1708 Seaside Cr Plano TX 75075</i>		
8 Principal occupation / Job title (See Instructions) <i>Realtor</i>		9 Employer (See Instructions)
Date <i>2/17</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charlotte Schultz Now Pac</i>	Amount of contribution (\$) <i>500</i>
Contributor address; City; State; Zip Code <i>3005 J. Loner St D109 #250 Austin TX 78704</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/2</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Matt Shaheen</i>	Amount of contribution (\$) <i>500</i>
Contributor address; City; State; Zip Code <i>PO Box 110 Payer TX 75078</i>		
Principal occupation / Job title (See Instructions) <i>State Representative</i>		Employer (See Instructions) <i>Texor</i>
Date <i>2/5</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Julia Cepa</i>	Amount of contribution (\$) <i>100</i>
Contributor address; City; State; Zip Code <i>302 Owen Oaks Dr Lake Dallas TX 75065</i>		
Principal occupation / Job title (See Instructions) <i>Consultant</i>		Employer (See Instructions) <i>Edu Specialists LLC</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 <i>Staci Weaver</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniel Bossio</i>	7 Amount of contribution (\$) <i>5000</i>
	6 Contributor address; City; State; Zip Code <i>11 Greenway PLZ FL 22 Houston TX 77046</i>	
8 Principal occupation / Job title (See Instructions) <i>Builder / Executive Chairman</i>		9 Employer (See Instructions) <i>PDK Construction</i>
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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

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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 Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Staci Weaver</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ethan Hawthorne</i>	8 Amount of Contribution \$ <i>1500.00</i>	9 In-kind contribution description <i>Food.</i>
	7 Contributor address; City; State; Zip Code <i>700 Wellington Dr Lawton TX 75166</i>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>General Mgr</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Brinker International</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Krista Medlock</i>	Amount of Contribution \$ <i>800.00</i>	In-kind contribution description <i>Fundraiser Space</i>
	Contributor address; City; State; Zip Code <i>8800 Independence Hwy Plano TX 75025</i>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Property Mgr</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Centennial</i>	
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)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

LOANS

SCHEDULE E

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 E:
2 FILER NAME <i>Staci Weaver</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>2/17/25</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Staci Weaver</i>	9 Loan Amount (\$) <i>36.99</i>
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <i>2305 Kidwell Cr Plano TX 75075</i>	10 Interest rate <i>0</i>
		11 Maturity date <i>0</i>
12 Principal occupation / Job title (See Instructions) <i>Superintendent</i>		13 Employer (See Instructions) <i>Legacy Prep. Charter Academy</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <i>2/21/25</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Staci Weaver</i>	Loan Amount (\$) <i>4002.00</i>
Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	Lender address; City; State; Zip Code <i>2305 Kidwell Cr Plano TX 75070</i>	Interest rate <i>0</i>
		Maturity date <i>0</i>
Principal occupation / Job title (See Instructions) <i>Superintendent</i>		Employer (See Instructions) <i>Legacy Prep. Charter Academy</i>
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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 E:

2 FILER NAME

Staci Heave

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

1/09

7 Name of lender

Staci Heave

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

9 Loan Amount (\$)

160

6 Is lender a financial institution?

Y

8 Lender address;

2305 Kidwell Plano TX 75075

City;

State;

Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Superintendent

13 Employer (See Instructions)

Legacy Center

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address;

City;

State;

Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

3/10

Name of lender

Staci Heave

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

Loan Amount (\$)

15

Is lender a financial institution?

Y

Lender address;

2305 Kidwell Plano TX 75075

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Superintendent

Employer (See Instructions)

Legacy Center

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;

City;

State;

Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

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

LOANS

SCHEDULE E

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 E:

2 FILER NAME

Staci Weaver

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

2/15

7 Name of lender

Staci Weaver

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

9 Loan Amount (\$)

250

6 Is lender a financial institution?
Y N

8 Lender address;

City;

State; Zip Code

2305 Kidwell Cir Plano TX 75075

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Superintendent

13 Employer (See Instructions)

Legacy Charter

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address;

City;

State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

2/21

Name of lender

Staci Weaver

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

Loan Amount (\$)

100

Is lender a financial institution?
Y N

Lender address;

City;

State; Zip Code

2305 Kidwell Plano TX 75075

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Superintendent

Employer (See Instructions)

Legacy Charter

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address;

City;

State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 |
| 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 FILER NAME <i>Staci Weaver</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/15</i>	5 Payee name <i>Collin County JP's</i>	
6 Amount (\$) <i>250</i>	7 Payee address; <i>2963 W 15th J</i>	City; State; Zip Code <i>Plano TX 75075</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories Listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Ad</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Staci Weaver</i>	Office sought / Office held <i>Collin College Board Pk4</i>
Date <i>2/18</i>	Payee name <i>Plano Rep. Women</i>	
Amount (\$) <i>140</i>	Payee address; <i>3300 Central Expwy</i>	City; State; Zip Code <i>Plano TX 75074</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Fee's</i>	Description <i>Ticket</i>
	<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 <i>Staci Weaver</i>	Office sought / Office held <i>Collin College Board Pk4</i>
Date <i>1/29</i>	Payee name <i>Thin Blue Line America Defenders Fundtn</i>	
Amount (\$) <i>180</i>	Payee address; <i>PO Box 6127</i>	City; State; Zip Code <i>McKinney TX 75071</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event fee</i>	Description <i>Ticket</i>
	<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 <i>Staci Weaver</i>	Office sought / Office held <i>Collin College Board Pk4</i>

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 | 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 FILER NAME <i>Staci Weaver</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/24</i>	5 Payee name <i>Tiferet Israel</i>	
6 Amount (\$) <i>15-</i>	7 Payee address; <i>10909 Hillcrest Rd.</i>	City; State; Zip Code <i>Dallas TX 75280</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Ticket</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Staci Weaver</i>	Office sought / Office held <i>Collin County Board Pct 4</i>
Date <i>3/10</i>	Payee name <i>Heritage Ranch Rep. Club</i>	
Amount (\$) <i>15-</i>	Payee address; <i>465 Senior Ranch Cir</i>	City; State; Zip Code <i>Fairview TX 75869</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Ticket</i>
	<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 <i>Staci Weaver</i>	Office sought / Office held <i>Collin County Board Pct 4</i>
Date <i>3/9</i>	Payee name <i>Collin County Rep. Party</i>	
Amount (\$) <i>808-</i>	Payee address; <i>2963 N 74th</i>	City; State; Zip Code <i>Plano TX 75075</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</i>	Description <i>Ad.</i>
	<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 <i>Staci Weaver</i>	Office sought / Office held <i>Collin County Board Pct 4</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| 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) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME <i>Staci Weaver</i>	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution <i>Chase Bank</i>	
6 PAYMENT	(a) Amount Charged \$ <i>4002.00</i>	(b) Date Expenditure Charged <i>2/21/2025</i>
	(c) Date(s) Credit Card Issuer Paid <i>2/21/2025</i>	
7 PAYEE	(a) Payee name <i>First Graphics</i>	(b) Payee address; City, State, Zip Code <i>229 Gorman St. Garland TX 75040</i>
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>	
	(b) Description <i>Logo</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name _____ Office Sought _____ Office Held _____	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	
	(b) Description	
	(c) <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 _____	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	
	(b) Description	
	(c) <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 PERSONAL FUNDS

SCHEDULE G

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 |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Staci Ween</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/10</i>	5 Payee name <i>Heritage Ranch Rep Club</i>	
6 Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended <i>15-</i>	7 Payee address: City; State; Zip Code <i>465 Scenic Ranch Cir Fairview TX 78669</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Ent fee</i>	(b) Description <i>Ticket</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Staci Ween</i>	Office sought <i>Collier College Board P/CLY</i>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 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 PERSONAL FUNDS

SCHEDULE G

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 |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME Staci Weaver	3 Filer ID (Ethics Commission Filers)
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4 Date 2/21/2025	5 Payee name First Graphics
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6 Amount (\$) 4002.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 229 Garvon St.	City: Garland	State: TX	Zip Code 75040
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expenses	(b) Description Sign
	(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 Staci Weaver	Office sought Collin College Board Plc 4	Office held
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Date 2/17/2025	Payee name Heritage Ranch Rep. Club
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Amount (\$) 36.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 465 Scenic Ranch Cir	City: Fairview	State: TX	Zip Code 75069
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Recognition/Sponsor
	<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 Staci Weaver	Office sought Collin College Board Plc 4	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended				

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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Staci Weems</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/15</i>	5 Payee name <i>CCYS</i>	
6 Amount (\$) <i>250</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <i>2563 W 15th St</i> City: <i>Plano</i> State: <i>TX</i> Zip Code: <i>75075</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</i>	(b) Description <i>Ad.</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Staci Weems</i>	Office sought <i>Collin College Board Place 4</i>
Date <i>2/21</i>	Payee name <i>PRWC</i>	
Amount (\$) <i>140</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>3300 Central Expressway</i> City: <i>Plano TX</i> State: Zip Code: <i>75074</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Fees</i>	Description <i>Tickets</i>
	<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 <i>Staci Weems</i>	Office sought <i>Collin College Board Place 4</i>
Date <i>1/09</i>	Payee name <i>America Defender Foundation</i>	
Amount (\$) <i>160</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>PO Box 6127</i> City: <i>McKinney TX</i> State: Zip Code: <i>75071</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Fees</i>	Description <i>Tickets</i>
	<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 <i>Staci Weems</i>	Office sought <i>Collin College Board Place 4</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 |
| 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 H:	2 FILER NAME <i>Staci Weaver</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/14</i>	5 Business name <i>Scalewell</i>
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6 Amount (\$) <i>11.26</i>	7 Business address; <i>301. S. McDowell St</i>	City; <i>Charlotte</i>	State; <i>North Carolina</i>	Zip Code <i>28104</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Web design</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Staci Weaver</i>	Office sought <i>Collin County Board Pk 4</i>	Office held
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Date <i>4/3</i>	Business name <i>Riskwell</i>
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Amount (\$) <i>250</i>	Business address; <i>4500 El Dorado</i>	City; <i>McKinney</i>	State; <i>TX</i>	Zip Code <i>75070</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Ads</i>
	<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 <i>Staci Weaver</i>	Office sought <i>Collin County Board Pk 4</i>	Office held
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Date	Business name
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Amount (\$)	Business address;	City;	State;	Zip Code
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILE NAME <i>Staci Weaver</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/4</i>	5 Business name <i>Conva</i>	
6 Amount (\$) <i>290-</i>	7 Business address: <i>110 Lippox St</i>	City; State; Zip Code <i>Northwood Australia</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing expenses</i>	(b) Description <i>Business cards</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Staci Weaver</i>	Office sought / Office held <i>College Board PLCY</i>
Date <i>3/5</i>	Business name <i>5 Guys</i>	
Amount (\$) <i>357.00</i>	Business address: <i>113 Jetplex Cir</i>	City; State; Zip Code <i>Madison Alabama 35758</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>	Description <i>T-shirts</i>
	(c) <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 <i>Staci Weaver</i>	Office sought / Office held <i>College Board PLCY</i>
Date <i>3/11</i>	Business name <i>Scabexcell</i>	
Amount (\$) <i>589-</i>	Business address: <i>301 S. McDonnell St.</i>	City; State; Zip Code <i>Charlotte North Carolina 28204</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Web design</i>
	(c) <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 <i>Staci Weaver</i>	Office sought / Office held <i>College Board PLCY</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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
Gift/Awards/Memorials Expense
Legal Services

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <i>Staci Weaver</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/31</i>	5 Business name <i>stripe</i>
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6 Amount (\$) <i>96.21</i>	7 Business address; <i>354 Cyster Pt. Blvd.</i>	City; <i>San Francisco</i>	State; <i>Ca</i>	Zip Code <i>94080</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Fee for Processing</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Staci Weaver</i>	Office sought <i>Collin College Board Plc. 4</i>	Office held
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Date <i>2/28/2025</i>	Business name <i>Meats on Wheels</i>
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Amount (\$) <i>300</i>	Business address; <i>600 N Tennessee St</i>	City; <i>McKinney TX</i>	State; <i>TX</i>	Zip Code <i>75069</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</i>	Description <i>Ad.</i>
	<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 <i>Staci Weaver</i>	Office sought <i>Collin College Board Plc 4</i>	Office held
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Date <i>4/6</i>	Business name <i>Canva</i>
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Amount (\$) <i>30</i>	Business address; <i>110 Kippax St</i>	City; <i>NW 2010</i>	State; <i>Australia</i>	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fee</i>	Description <i>Subscription for service</i>
	<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 <i>Staci Weaver</i>	Office sought <i>Collin College Board Plc 4</i>	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <i>Staci Weaver</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/21</i>	5 Business name <i>Worthy Vision</i>	
6 Amount (\$) <i>500-</i>	7 Business address; <i>550 J. Watters Rd. Ste 201</i>	City; State; Zip Code <i>Allen TX 75013</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</i>	(b) Description <i>Video</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>3/26</i>	Business name <i>Market Place</i>	
Amount (\$) <i>525-</i>	Business address; <i>3428 Nickel Creek</i>	City; State; Zip Code <i>Plano TX 75025</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>	Description <i>Push Cards</i>
	<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 <i>3/23</i>	Business name <i>Stapler</i>	
Amount (\$) <i>60.61</i>	Business address; <i>16817 Coit Rd</i>	City; State; Zip Code <i>Dallas TX 75248</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>	Description <i>Business Cards</i>
	<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 <i>Staci Weaver</i>	Office sought Office held <i>Collin College Board PLC</i>

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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule H:		2 FILER NAME <i>Staci Wean</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/3</i>		5 Business name <i>Amazon</i>			
6 Amount (\$) <i>43.29</i>		7 Business address; <i>410 Terry Ave</i>		City; <i>North Seattle WA</i>	State; <i>WA</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Fee</i>		(b) Description <i>Supplies</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Staci Wean</i>		Office sought <i>Colum College Board Plc 4</i>	Office held
Date <i>3/3</i>		Business name <i>Queenorbo</i>			
Amount (\$) <i>42.05</i>		Business address; <i>4445 McEwen Rd.</i>		City; <i>Fernando Bend TX</i>	State; <i>TX</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>T-shirts - Proofs</i>		
	<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 <i>Staci Wean</i>		Office sought <i>Colum College Board Plc 4</i>	Office held
Date <i>3/4</i>		Business name <i>Queenorbo</i>			
Amount (\$) <i>5.36</i>		Business address; <i>4445 McEwen Rd</i>		City; <i>Fernando Bend TX</i>	State; <i>TX</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>Proof</i>		
	<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 <i>Staci Wean</i>		Office sought <i>Colum College Board Plc 4</i>	Office held

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SCHEDULE H

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <i>Staci Weaver</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/16</i>	5 Business name <i>Canva</i>	
6 Amount (\$) <i>30 -</i>	7 Business address; <i>110 Kippax St</i>	City; State; Zip Code <i>NHW 2010 Australia</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fee</i>	(b) Description <i>Subscription fee</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Staci Weaver</i>	Office sought <i>Collin College Board Plc 4</i>
Date <i>3/14</i>	Business name <i>Canva</i>	
Amount (\$) <i>745 -</i>	Business address; <i>110 Kippax St</i>	City; State; Zip Code <i>NHW 2010 Australia</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Push Cards</i>
	<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 <i>Staci Weaver</i>	Office sought <i>Collin College Board Plc 4</i>
Date <i>3/25</i>	Business name <i>Amazon</i>	
Amount (\$) <i>21.18</i>	Business address; <i>410 Terry Ave</i>	City; State; Zip Code <i>North Seattle Wa 98189</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Polling Expense</i>	Description <i>Zip Tier</i>
	<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 <i>Staci Weaver</i>	Office sought <i>Collin College Board Plc 4</i>

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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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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 H:	2 FILER NAME <i>Staci Weaver</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/21/25</i>	5 Business name <i>First Graphics</i>
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6 Amount (\$) <i>402.00</i>	7 Business address; <i>229 Canyon St</i>	City; <i>Garland</i>	State; <i>TX</i>	Zip Code <i>75040</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expenses</i>	(b) Description <i>Sign</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 <i>Staci Weaver</i>	Office sought <i>Collin College Board Plc 4</i>	Office held
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Date <i>2/27/25</i>	Business name <i>Dollar Tree</i>
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Amount (\$) <i>44.38</i>	Business address; <i>900 W. 15th St</i>	City; <i>Plano</i>	State; <i>TX</i>	Zip Code <i>75075</i>
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expenses</i>	Description <i>Decorative</i>
	<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 <i>Staci Weaver</i>	Office sought <i>Collin College Board Plc. 4</i>	Office held
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Date <i>2/27/25</i>	Business name <i>Office Depot / Office Max</i>
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Amount (\$) <i>17.05</i>	Business address; <i>909 N. Central Expwy</i>	City; <i>Plano</i>	State; <i>TX</i>	Zip Code <i>75075</i>
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expenses</i>	Description <i>Signs</i>
	<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 <i>Staci Weaver</i>	Office sought <i>Collin College Board Plc 4</i>	Office held
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