

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	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Elisa	OFFICE USE ONLY Date Received RECEIVED 9/25/21 [Signature]	
	NICKNAME LAST SUFFIX Klein		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE [Redacted] Plano, TX 75023		Date Hand-delivered or Date Postmarked
			Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Jenna		
	NICKNAME LAST SUFFIX Maynard		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3948 Legacy Drive Suite 106-353 Plano, TX 75023 APR 2 1:57 PM		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 03/25/2025 THROUGH 04/23/2025		
10 ELECTION	ELECTION DATE Month Day Year 05/03/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) None	12 OFFICE SOUGHT (if known) Plano ISD Place 6 Place 6 District PISD	

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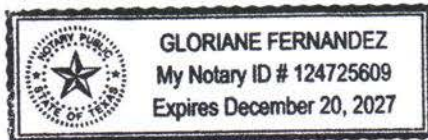
CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Klein, Elisa		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input checked="" type="checkbox"/> GENERAL	Keep Plano #1	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		2701 W. 15th Street #214 Plano, TX 75075	
	COMMITTEE CAMPAIGN TREASURER NAME		
	Casteel, Warren		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	TX		
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,640.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	4,672.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,864.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elisa Klein, this the 25th day of April, 20 25, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering

[Handwritten Signature]

Printed name of officer administering

[Handwritten Signature]

Title of officer administering oath

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

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18 FILER NAME Klein, Elisa		19 Filer ID
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,040.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 600.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,672.36
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/8
2 FILER NAME Klein, Elisa		3 Filer ID
4 Date 04/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brittnea, Ussery	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code TX	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collin County Stonewall Democrats	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 2417 Micarta Drive Plano, TX 75025	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffman, Dana	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 2676 Blackberry Dr. Richardson, TX 75082	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Dana Huffman Law Office
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Suzanne	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code TX	
Principal occupation / Job title (See Instructions) Professor of Education		Employer (See Instructions) Texas A&M University Commerce
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rekha, Shenoy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code 8216 Barrymoore Lane Plano, TX 75025	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Community Dental Care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/8
2 FILER NAME Klein, Elisa		3 Filer ID
4 Date 04/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siddiqui, Sameer	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code 505 Cave River Drive Murphy, TX 75094	
8 Principal occupation / Job title (See Instructions) Plano Faith Coalition		9 Employer (See Instructions)
Date 04/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strug, Joan	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Joan Strug TX	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Syed, Nomana	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code 606 Forest Hill Drive Murphy, TX 75094	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trible, Bill	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code 4548 Postbridge Dr. Plano, TX 75024	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: Sch: 1/1 Rpt: 6/8	
2 FILER NAME Klein, Elisa				3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 03/29/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gosewehr, Rocio	8 Amount of contribution (\$) \$200.00	9 In-kind contribution description In-Kind Donation for Meet & Greet with Elisa Klein for Plano ISD Bob Woodruff Park Pavillion		
7 Contributor address; City; State; Zip Code 2120 Brugge Court Plano, TX 75025		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney			11 Employer (FOR NON-JUDICIAL) (See instructions) Rocio at Law		
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 03/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rocio, Gosewehr	Amount of contribution (\$) \$400.00	In-kind contribution description In-Kind Donation Face Pate for Park Meet & Greet		
Contributor address; City; State; Zip Code 2120 Brugge Court Plano, TX 75025		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Attorney			Employer (FOR NON-JUDICIAL) (See instructions) Rocio at Law		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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 F1: Sch: 1/2 Rpt: 7/8		2 FILER NAME Klein, Elisa		3 Filer ID	
4 Date 04/04/2025		5 Payee name Executive Press			
6 Amount (\$) \$1,274.64		7 Payee address; City; State; Zip Code 1400 Presidential Dr. #110 Richardson, TX 75081			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard & road signs, 2 magnets	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/21/2025		Payee name KANSAS CITY MO DISTRIBUTION CENTER			
Amount (\$) \$114.55		Payee address; City; State; Zip Code Kansas City, MO			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Postcard Postage		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postcard party expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/21/2025		Payee name Keep Plano #1			
Amount (\$) \$3,000.00		Payee address; City; State; Zip Code 2701 W. 15th Street #214 Plano, TX 75075			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense State mailer	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: Sch: 2/2 Rpt: 8/8		2 FILER NAME Klein, Elisa		3 Filer ID	
4 Date 04/15/2025		5 Payee name US Postal Service			
6 Amount (\$) \$114.55		7 Payee address; City; State; Zip Code KANSAS CITY MO DISTRIBUTION CENTER Kansas City, MO			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Postage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postcard postage	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/08/2025		Payee name Vistaprint			
Amount (\$) \$113.75		Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02451			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Elisa for Plano ISD Stickers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 04/14/2025		Payee name Walmart			
Amount (\$) \$54.87		Payee address; City; State; Zip Code 6001 Central Expy Plano, TX 75023			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meet and Greet expense for supplies, piñatas, and candy bags.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	