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 Commis 00041354		2 Total pages filed:77
3 CANDIDATE /	MS / MRS / MR FIRST	Г	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Lois \	<i>N</i> .		Date Received
				ELECTRONICALLY FILED
	NICKAIAME		CUETIV	07/14/2023
	NICKNAME LAST Kolkh		SUFFIX	01/14/2023
	KUIKI	10151		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE	E#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 2546			
ADDRESS				Receipt # Amount
Change of Address	Brenham, TX 77834			Date Processed
🖰				Date Processed
				Date Imaged
				Date maged
5 CAMPAIGN	MS / MRS / MR FIRST		MI	
TREASURER	Mr. Robe			
NAME	Wil. Rober			
	AUGUALANE LAGE			
	NICKNAME LAST Mikes	leo.	SUFFIX	
	Mikes	Ka		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX P	LEASE); APT	/ SUITE #; CITY;	STATE; ZIP CODE
ADDRESS	1401 Victoria St.			
(Residence or Business)				
	Brenham, TX 77833			
7 CAMPAICNI	ADEA CODE DUONE NUM	IDED EVIENCION		
7 CAMPAIGN TREASURER	AREA CODE PHONE NUM	IBER EXTENSION		
PHONE	(979) 830-9171			
8 REPORT				
TYPE	January 15 30th	day before election	Runoff	15th day after campaign treasurer
	January 15	Tudy before election		appointment (officeholder only)
	X July 15 8th		Exceeded modified	Final Report (Attach C/OH-FR)
			reporting limit	
9 PERIOD	Month Day Year		Month Day	Year
COVERED	01/01/2023	THROUGH	06/30/2023	3
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	Primary	Runoff	Other
		General	Special	
			ш.	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT	(if known)
III OFFICE	State Senator District 18		State Senator Dis	
	State Seriator District 10		State Schator Dis	and 10
		GO TO PAGE 2		
I				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 77

13 C / OH NAME	Kolkhorst, Lois W. (T	he Honorable)	14 Filer ID 00041354	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or polit These expenditures may have been n d officeholders are required to report th	nade without the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASUR	RER NAME	
		COMMITTEE CAMPAIGN TREASUR	RER ADDRESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (ES OF LOANS, OR CONTRIBUTIONS		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEE	S OF LOANS)	\$ 1,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 1,139.00
	4. TOTAL POLITION	CAL EXPENDITURES		\$ 126,762.42
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED A	AS OF THE LAST DAY OF THE	\$ 2,440,068.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING RTING PERIOD	LOANS AS OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		l swear, or affirm,	under penalty of perjury, that the ac	companying report is
			nd includes all information required t	
			The Honorable Lois W. Kolkho	rst
			Signature of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subse	cribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal	of office.	
Signature of office	cer administering	Printed name of officer administ	aring Title of office	r administering oath
Signature or offic	cei aunimistenny	Printed name of officer administ	aring Tille of Office	i aunimistening Uatri

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			C	JVLK .	3 of 77
l	ER NAN Ikhorst,	19 Filer ID 00041354	(Ethics C	commission Filers)	
l	HEDULI ME OF :	SUI	BTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	108,821.53
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	17,940.89
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

	MONETAR	Y POLITICAL CONTRIBUT		SCHEDUL	E A1		
	The Instruction	Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/77	
2	FILER NAME Kolkhorst, Lois W.	(The Honorable)			3	Filer ID (Ethics Commission 00041354	n Filers)
4	06/28/2023 Br	Il name of contributor	D#:)	7	Amount of Contribution (\$)	\$1,000.00
8		ustin, TX 78746 / Job title (See Instructions)	9	Employer (See Instructions	 		
	Executive Chairma			Anthem Ventures	,		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/38 Rpt: 5/77	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	04/10/2023	401 Creative Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$705.79	105 East Main Street, Ste. 109
		Brenham, TX 77833
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Stationery
		Sampaigh Stationery
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oł	1
	Date	Payee name
	06/28/2023	Anedot Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.30	1920 McKinney Avenue, 7th Floor
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fees Assessed For One Individual Online Donation
		Made To Campaign Website 06/28/2023
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/26/2023	Angie Chen Button Campaign
	Amount (\$)	Payee address; City; State; Zip Code
	\$262.00	P.O. Box 832748
		Richardson, TX 75083
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Donation of Asian Day At the Capitor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Sift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	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)
	Sch: 2/38 Rpt: 6/77	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	05/29/2023	Baker, Sydney
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	915 Wood Meadows
		New Braunfels, TX 78130
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Contract Labor For Work During Logislative Session
		Contract Labor For Work During Legislative Session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/Ol	
_	Date	Davies same
	01/23/2023	Payee name Blakemore & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,557.65	1 E. Greenway Plaza, Suite 225
		Houston, TX 77046-0106
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing Expenses For Houston Event — Invites,
		Envelopes, Reply Cards
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/01/2023	Blakemore & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$762.01	1 E. Greenway Plaza, Suite 225
		Houston, TX 77046-0106
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Event Expenses — Austin Club Reception
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L	·	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 3/38 Rpt: 7/77	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	04/14/2023	Blinn College Alumni & Friends Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$421.00	902 College Ave.
		Brenham, TX 77833
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation Item For Charitable Fundraising Event (Constitutional Chair)
<u>_</u>	Commission ONE V. C. F.	,
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	05/24/2023	Blue Bell Creameries
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,219.44	1101 S. Blue Bell Rd.
		P. O. Box 1807. 77834
		Brenham, TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Ice Cream For Capitol Office Meetings
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· ·
┝	Date	Power name
	Date 04/29/2023	Payee name Bluebonnet Society of Austin County
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$431.00	c/o Mike Aldridge
		P. O. Box 92
		Bellville, TX 77418
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		(Porch Rocker With State Seal)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		
Ļ	Sch: 4/38 Rpt: 8/77	Kolkhorst, Lois W. (The Honorable) 00041354	
4	Date 02/03/2023	5 Payee name Brenham Banner-Press	
Ļ			
6	Amount (\$) \$427.56	7 Payee address; City; State; Zip Code P. O. Box 585	
	Ψ421.30	2430 Stringer 77833	
		Brenham, TX 77834-0585	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Advertising — Ad In Progress Edition	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	05/29/2023	Brock, Alison	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,200.00	9301 Old Bee Caves Rd., Apt. 222	
		Austin, TX 78735	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Supplement To State Salary	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
-	Date	Payee name	_
	04/10/2023	Burleson County Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	301 N. Main Street	
		Caldwell, TX 77836	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LA LIBITORE	Check if Austin, TX, officeholder living expense Membership Dues	
		Wiethbership Dues	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 5/38 Rpt: 9/77	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	02/08/2023	Central Fort Bend Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	4120 Avenue H
		Rosenberg, TX 77471
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Event Ticket For Staff Member — State Of City Of
		Rosenberg
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/20/2023	Chappell Hill Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	P. O. Box 113
		9000 Hwy 290 East
		Chappell Hill, TX 77426
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Membership Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
L	06/30/2023	Chase Card Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$17,940.89	Cardmember Service
		P. O. Box 94014
		Palatine, IL 60094-4014
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Payment Of Credit Card Bill For Credit Card
L		Expenditures
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)		
		The Instruction Guide explains how to complete this form.	_	
1	Total pages Schedule F1:			
	Sch: 6/38 Rpt: 10/77	Kolkhorst, Lois W. (The Honorable) 00041354		
4	Date	5 Payee name		
	04/06/2023	Clayton Spangler Photographic Design		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$511.00	235 Point Lick Drive		
		Charleston, WV 25306		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITORE	Check if Austin, TX, officeholder living expense		
		2023 Panoramic Senate Group Photo With Deluxe		
		Frame Frame		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
	experialitare to beliefit C/O	<u> </u>		
	Date	Payee name		
	06/01/2023	Conroe's Incredible Pizza Company		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$9.74	230 S. Loop 336 W.		
		Conroe, TX 77304		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Lunch Meeting Meal For Staff Member		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_	
	Complete ONLY if direct expenditure to benefit C/OI			
_	Data		_	
	Date	Payee name		
	02/20/2023	Costco Wholesale Austin		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$69.99	4301 W. William Cannon Dr.		
L		Austin, TX 78749		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Austin Office Supplies - Paper Goods		
	Complete ONLY if alias -t	Condidate/Officeholder name Office cought		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
_				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Conditional Officeholder/Politica

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	T-t-1	· · · · · · · · · · · · · · · · · · ·	\
1	Total pages Schedule F1: Sch: 7/38 Rpt: 11/77	2 FILER NAME Kolkhorst, Lois W. (The Honorable) 3 Filer ID (Ethics Commission File 00041354	ers)
4	Date	5 Payee name	
	03/31/2023	Costco Wholesale Austin	
6	Amount (\$) \$126.48	7 Payee address; City; State; Zip Code 4301 W. William Cannon Dr. Austin, TX 78749	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Austin Office Supplies - Refreshments/Snacks	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/01/2023	Crosswind Communications, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6,000.00	Attn: Thomas Graham	
		P.O. Box 264	
		Austin, TX 78767	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Media Consulting Expense For Campaign Servi	ces
		Media consulting Expense For earripaight cervi	000
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/03/2023	Crosswind Communications, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6,000.00	Attn: Thomas Graham	
		P.O. Box 264	
L		Austin, TX 78767	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	- -	Check if Austin, TX, officeholder living expense Media Consulting Expense For Campaign Servi	COS
		ivieula Consuluity Expense For Campaign Servi	CCS
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/38 Rpt: 12/77	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	03/21/2023	Cuero Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	210 E. Main Street, Suite A
		Cuero, TX 77954
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership Dues
		Wielfibership Bues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	
	Date	Payee name
	05/29/2023	Darsch, Nathan
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	9024 Northgate Blvd., Apt. 2329
		Austin , TX 78758
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplement To State Salary
		Supplement to state salary
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date	Payee name
	01/06/2023	Fischer, Andrea
	Amount (\$)	Payee address; City; State; Zip Code
	\$6,000.00	9858 Friendship Circle
		Burton, TX 77835
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Contract Labor For Campaign Services
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

e Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/38 Rpt: 13/77	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	02/15/2023	Fischer, Andrea
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$143.38	9858 Friendship Circle
		Burton, TX 77835
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Mileage Reimbursement — 247.2 Miles @ \$0.58 Per
		Mile
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/17/2023	Fort Bend County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	c/o Bobby Eberle
		P. O. Box 461
		Sugar Land , TX 77487-0461
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event Sponsorship For Lincoln Reagan Dinner
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/23/2023	Fort Bend Mayor and Council Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	Attn: Erin Walley - Village of Pleak
		6621 FM 2218
		Richmond, TX 77469
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Dinner Meeting Ticket For Staff Member
	2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/38 Rpt: 14/77	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	05/02/2023	Fort Bend Republican Women's Club PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.00	c/o Lori Townsend
		26 Charleston Street North
		Sugar Land, TX 77478
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership Dues For Senator And Staff Member
		Wellibership Dues For Seriator And Stair Welliber
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/22/2023	Fort Bend Republican Women's Club PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	c/o Lori Townsend
		26 Charleston Street North
		Sugar Land, TX 77478
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch Meeting Ticket For Staff Member
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/26/2023	Fort Bend Republican Women's Club PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	c/o Lori Townsend
		26 Charleston Street North
		Sugar Land, TX 77478
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch Meeting Ticket For Staff Member
	Operation Objects "	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Fees Office Overhead/Rental Expense
Food/Beverage Expense Fitt/Awards/Memorials Expense
Gitt/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 11/38 Rpt: 15/77	2 FILER NAME Kolkhorst, Lois W. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00041354
4	Date 01/06/2023	5 Payee name Fox, Jill
6	Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 407 N. Craig Street Victoria, TX 77901
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor For Campaign Services
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/06/2023	Payee name Gibson, Paula
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 2222 Mossy Glen Court Richmond, TX 77406
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor For Campaign Services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/21/2023	Payee name Gonzales Inquirer
	Amount (\$) \$330.75	Payee address; City; State; Zip Code P. O. Box 1777
		Cedar Park, TX 78630
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Ad
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services		alaries/Wa		e 'Contract Labor		OTHER (enter a	strict a category not listed above)	
	Credit Card r dyment			The Instruction Gu	uide explains hov	v to com	nple	te this form.				
1	Total pages Schedule F1:	2 F	FILER NAME						3	Filer ID	(Ethics Commission Filers	s)
	Sch: 12/38 Rpt: 16/77	ŀ	Kolkhorst, Lo	ois W. (The Ho	norable)					00041354		
4	Date	5 F	Payee name									
	03/23/2023		Google LLC									
6	Amount (\$)	7 F	Payee addres	s; City;	State; Z	ip Cod	le					
	\$191.88] 1	1600 Amphi	theatre Parkwa	у							
		1	Mountain Vi	ew , CA 94043								
8	PURPOSE	<u> </u>		e Categories listed at tl		<u>. (</u>	(b)	Description				
ľ	OF		Advertising E		ne top of this schedul	e)	(~)		outsi	de of Texas. Con	plete Schedule T.	
	EXPENDITURE	′	tavertising i	_xpcrise				<u> </u>		officeholder living		
								G-Suite Subs	crip	otion Payme	ents	
9	Complete ONLY if direct		andidate/Offic	eholder name	Offic	e soug	ht			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date	F	Payee name									
	03/23/2023	(Google LLC									
	Amount (\$)	F	Payee addres	s; City;	State; Z	ip Cod	le					
	\$117.17] 1	1600 Amphi	theatre Parkwa	y							
		ľ	Mountain Vi	ew , CA 94043								
	PURPOSE	(a) (Category (Se	e Categories listed at t	ne top of this schedul	e) ((b)	Description				
	OF EXPENDITURE	/	Advertising E	Expense				=			nplete Schedule T.	
								—		officeholder livin	g expense	
								Google Voice	. 30	EI VICES		
_	Complete ONLY if direct		andidate/Offic	eholder name	Offic	e soug	ıht			Office h	old.	
	expenditure to benefit C/O		andidate/Onic	enolder name	Ome	oc soug	,,,,,			Omice ii	ciu	
-	Data	Ε.										
	Date 04/01/2023	l	Payee name Grace Luthe	ran School								
	Amount (\$)	l	Payee addres 1212 West J		State; Z	.ip Cod	ie					
	\$140.72	-	IZIZ West J	ellerson								
		Ι.	D	., 77000								
			Brenham, T									
	PURPOSE OF			e Categories listed at the		e) ((b)	Description	outoi	do of Toyon Com	nplete Schedule T.	
	EXPENDITURE			s/Donations Ma Officeholder/Poli		۵۵		—		officeholder living		
		`	Janalaate/ C	miceriolaci/i on	tical Committee						e Fundraising Event	
								(Wooden Roo			-	
	Complete ONLY if direct	Cá	andidate/Offic	eholder name	Offic	e soug	ht			Office h	eld	
	expenditure to benefit C/OH											
I												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/38 Rpt: 17/77	Kolkhorst, Lois W. (The Honorable)
4 Date	5 Payee name
01/10/2023	Grand donuts
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$71.39	615 W Slaughter Ln. 112
	Austin , TX 78748
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Breakfast Items For Opening Day Of Legislative
	Session Session
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/Or	
Date	Payee name
01/18/2023	Greater Magnolia Parkway Chamber Of Commerce
Amount (\$)	Payee address; City; State; Zip Code
\$350.00	P. O. Box 399
	18423 FM 1488, Suite C
	Magnolia, TX 77353
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Membership Dues
	Wellibership Bues
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oł	1
Date	Payee name
02/17/2023	Greater Magnolia Parkway Chamber Of Commerce
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	P. O. Box 399
	18423 FM 1488, Suite C
	Magnolia, TX 77353
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Event Ticket — Annual Awards 2023
	Event Holet / Allida / Wards 2020
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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)	
	Sch: 14/38 Rpt: 18/77	Kolkhorst, Lois W. (The Honorable) 00041354	
4	Date	5 Payee name	
	04/24/2023	Greater Magnolia Parkway Chamber Of Commerce	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.00	P. O. Box 399	
		18423 FM 1488, Suite C	
		Magnolia, TX 77353	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Lunch Meeting Ticket For Staff Member	
		Earlor Weeting Floreer of Staff Weinber	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF	H	
	Date	Payee name	_
	06/22/2023	Greater Magnolia Parkway Chamber Of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$20.00	P. O. Box 399	
	!	18423 FM 1488, Suite C	
	!	Magnolia, TX 77353	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Event Expense	
	<u> </u>	Check if Austin, TX, officeholder living expense Lunch Meeting Ticket For Staff Member	
	!	Euron weeting floket for Stan Weinser	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	_
	01/20/2023	Grimes County Republican Party	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$2,500.00	P. O. Box 550	
		112 Farquhar St.	
		Navasota, TX 77868	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	-	Check if Austin, TX, officeholder living expense Event Sponsorship — Lincoln Reagan Dinner	
		Event Sponsorship — Emcont Reagan Billiel	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OF	н	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/38 Rpt: 19/77	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	01/06/2023	Gruning, Christopher
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	6636 W. William Cannon Dr., Apt. 933
		Austin , TX 78735
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Contract Labor For Campaign Services
		Contract Eason For Campaign Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	05/29/2023	Gruning, Christopher
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,200.00	6636 W. William Cannon Dr., Apt. 933
	, ,	, , ,
		Austin , TX 78735
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Supplement To State Salary
	Operation ONLY if dispose	Out tidate (Office health a resume of the seconds)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
	01/10/2023	H. E. B. Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.05	1801 East 51st St.
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Beverages For Opening Day Of Legislative Session
		beverages For Opening Day Or Legislative Session
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
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l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 16/38 Rpt: 20/77	Kolkhorst, Lois W. (The Honorable)
4	Date	5 Payee name
	01/08/2023	H. E. B. Brenham
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$159.20	2508 S. Day St.
		Brenham, TX 77833
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Refreshments For Opening Day Of Legislative
		Session
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	05/02/2023	H. E. B. Brenham
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.75	2508 S. Day St.
		Brenham, TX 77833
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Brenham District Office Supplies Paper Goods,
		Cleaning Supplies, And Water
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/29/2023	Halbert, Bailey
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	16880 Wilson Pasture Road
		Bryan, TX 77808
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Contract Labor For Work During Legislative Session
		Contract Edisor For Work Burning Edgislative Session
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Officebolder/Do Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel out of the Communication of the

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 17/38 Rpt: 21/77	Kolkhorst, Lois W. (The Honorable)	
4	Date	5 Payee name	
	05/29/2023	Heare, Ryan	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$400.00	6001 South Congress Avenue	
		Apt. 1131	
		Austin, TX 78745	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Contract Labor For Work During Legislative Sessio	ו
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	01/09/2023	Hilton Garden Inn Austin University Capitol	
	Amount (\$)	Payee address; City; State; Zip Code	\neg
	\$352.77	301 W 17th Street	
		Austin , TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Opening Day Of Legislative Session Hotel Lodging	
		For Staff Member	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	03/07/2023	Hilton Garden Inn Austin University Capitol	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$412.64	301 W 17th Street	
	¥ .==.0 .		
		Austin , TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	-	Check if Austin, TX, officeholder living expense	
		Lodging And Parking For Staff Member For Victoria Day At The Capitol	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/38 Rpt: 22/77	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	01/26/2023	Hobby Lobby Brenham
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.02	810 US Highway 290 E.
		Brenham , TX 77833
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Beginning Of Legislative Session Gift Bag Items For
		Senators
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/19/2023	Independence Coffee Company
	Amount (\$)	Payee address; City; State; Zip Code
	\$237.60	2805 Hwy 290 W
		Brenham , TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Coffee For Senator Gifts
		Solice For Schalor Sind
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/10/2023	Jason's Deli Austin
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$511.41	1000 E 41st St. Ste 940
		Austin, TX 78751
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch Items For Opening Day Of Legislative Session
		Lunch items For Opening Day Of Legislative Session
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 19/38 Rpt: 23/77	2 FILER NAME Kolkhorst, Lois W. (The Honorable) 3 Filer ID (Ethics Commission File 00041354	ers)
4	Date 05/29/2023	5 Payee name Kelly, Erin	
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1844 Euclid Avenue Unit 2 Dallas, TX 75206	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor For Work During Legislative Ses	ssion
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 05/29/2023	Payee name Kemp, Dylan	
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 3120 Vere Leasure El Paso, TX 79936	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor For Work During Legislative Ses	ssion
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 06/30/2023	Payee name Kolkhorst, Lois W.	
	Amount (\$) \$2,586.57	Payee address; City; State; Zip Code P. O. Box 2546	
		Brenham, TX 77834	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement For Campaign Mileage While U Personal Vehicle (4,459.6 Miles @ \$0.58/Mile)	Jsing
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 20/38 Rpt: 24/77	Kolkhorst, Lois W. (The Honorable) 00041354			
4	Date	5 Payee name			
	01/24/2023	Kwik Kopy Business Center			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$41.36	2305 S. Day St.			
		Brenham, TX 77833			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Overnight Mailing Cost Of Auction Item For			
		Charitable Event			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	expenditure to benefit C/O				
\vdash	Data				
	Date	Payee name			
	03/22/2023	La Grange Area Chamber of Commerce			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$75.00	220 W. Colorado St.			
		La Grange, TX 78945			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Membership Dues			
		Membership Dues			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·			
_	Data				
	Date 03/16/2023	Payee name			
		Lake Conroe Area Republican Women			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$27.00	P.O. Box 737			
		Montgomery, TX 77356			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Lunch Meeting Ticket For Staff Member			
		Lution Weeting Toket For Stall Weitiber			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				

SCHEDULE F1

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

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

	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)
	Sch: 21/38 Rpt: 25/77	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	01/06/2023	McCarty, Betty
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6,000.00	7703 FM 332
		Brenham, TX 77833
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Contract Labor For Campaign Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	05/29/2023	McLoughlin, Grant
_	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	P. O. Box 11660
	. ,	
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplement To State Salary
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Dete	
	Date 05/29/2023	Payee name Metteauer, Maureen
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 602 Harthan St.
	Ψ2,000.00	002 Haithan St.
		Austin , TX 78703
	DURDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplement To State Salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	п

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 22/38 Rpt: 26/77	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	03/15/2023	Montgomery Area Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	10461 Commerce Row Ste 106
		Montgomery, TX 77356
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lunch Meeting Ticket For Staff Member
_	Complete ONLY if direct	Condidate/Officeholder name Office country
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/15/2023	Montgomery Area Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	10461 Commerce Row Ste 106
		Montgomery, TX 77356
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Lunch Meeting Ticket For Staff Member
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/17/2023	Montgomery Area Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	10461 Commerce Row Ste 106
		Montgomery, TX 77356
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Lunch Meeting Ticket For Staff Member
	0 1, 0, 0, 0, 0	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/38 Rpt: 27/77	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	03/28/2023	Montgomery County Association of Business Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.75	13921 Hwy 105 West, Ste. 130
		Conroe, TX 77304
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lunch Meeting Ticket For Staff Member
		Landi moding Florida Gair member
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/20/2023	Navasota Grimes County Chamber Of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	P. O. Box 530
		117 S. LaSalle St.
		Navasota, TX 77868
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Membership Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	•
_	Date	Davisa nama
	06/30/2023	Payee name PNC Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.00	2000 South Market St.
	Ψ10.00	2000 South Market St.
		Brenham , TX 77833
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Charges For Paper Bank Statement Copies
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	pondition to bonone o/or	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	xpense		kpense /ages/	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:	2 FILER N	AME					3	Filer ID	(Ethics Commission Filers)
	Sch: 24/38 Rpt: 28/77	Kolkhor	st, Lois W. (The Hond	orable)					00041354	
4	Date	5 Payee na	ame							
	05/29/2023	Patterso	on, Julia							
6	Amount (\$)	7 Payee ad	ddress; City;	State;	Zip Cod	de				
	\$500.00	2399 Ke	eilers Lane							
		Round	Top, TX 78954							
8	PURPOSE	(a) Category	/ (See Categories listed at the	top of this sche	edule)	(b)	Description	_		
	OF EXPENDITURE		s/Wages/Contract Lab			i	느		ide of Texas. Com , officeholder living	nplete Schedule T.
							—			uring Legislative Session
								•	- •	
9	Complete ONLY if direct expenditure to benefit C/Oh		/Officeholder name	C	Office souç	ght			Office he	eld
F	Date	Payee na	ame					_		
	01/20/2023	l	Connor Chamber of C	ommerce						
	Amount (\$)	Payee ad	ddress; City;	State;	Zip Cod	de		_		
	\$35.00	P. O. Bo	•							
		Port O'C	Connor, TX 77982-07	01						
	PURPOSE	(a) Category	/ (See Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	Fees								nplete Schedule T.
						Į	Check if Austin, Membership I		, officeholder living es	g expense
								_ u	J-	
	Complete ONLY if direct expenditure to benefit C/Oh		/Officeholder name	C	Office souç	ght			Office he	eld
	Date	Payee na	ame					_		
	04/26/2023	1 1	County Chamber of	Commerce	е					
	Amount (\$)	Payee ad	ddress; City;	State;	Zip Cod	de				
	\$35.00	301 N. A	Alamo St.							
		Refugio	, TX 78377							
	PURPOSE	(a) Category	/ (See Categories listed at the	top of this sche	edule)	(b)	Description			_
	OF EXPENDITURE	Fees								nplete Schedule T.
						I	Membership		, officeholder living es	g expense
							. 2. 2. np	٠.		
	Complete ONLY if direct		/Officeholder name	C	Office soug	ght			Office he	eld
	expenditure to benefit C/Oh	4			,					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense P S	-	nse es/Contract Labor	-	Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	1E				3 F	Filer ID	(Ethics Commission F	ilers)
	Sch: 25/38 Rpt: 29/77	Kolkhorst,	Lois W. (The Honor	able)			(00041354		
4	Date	5 Payee name	e							
	05/29/2023	Robertson								
6	Amount (\$)	7 Payee addr		State: 2	Zip Code					
	\$900.00	11704 Gae		J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	_,p					
	\$555.56									
		Austin , T〉	< 78754							
8	PURPOSE	(a) Category ((See Categories listed at the to	p of this schedu	ıle) (b)) Description				
	OF EXPENDITURE		Vages/Contract Labo			_			plete Schedule T.	
						Check if Austin		officeholder living		
						Supplement	103	naic Jaiai y		
9	Complete ONLY if direct	Candidate/Of	fficeholder name	O#	ice sought	v		Office he	ıld	
_	expenditure to benefit C/OF		conoluci name	OIII	oc sough	· 		Onice No		
	Date	Payee name								
L	01/18/2023	Rockport -	Fulton Chamber Of	Commerc	:e		_			
	Amount (\$)	Payee addr	ress; City;	State; 2	Zip Code					
	\$140.00	319 Broad	lway							
		Rockport,	TX 78382							
	PURPOSE	(a) Category ((See Categories listed at the to	p of this schedu	ıle) (b) Description				
	OF EXPENDITURE	Fees	. .		·	Check if travel			plete Schedule T.	
	LA LIBITORL					ш		officeholder living	expense	
						Membership Chamber Ang			0	
_	Commission ONU V. St. alling.	Canalists (C)	Windhaldon various							
	Complete ONLY if direct expenditure to benefit C/OF		fficeholder name	Offi	ice sought	l		Office he	au	
	Date	Payee name								
	01/06/2023	Roehling,								
	Amount (\$)	Payee addr		State; 2	Zip Code					
	\$2,000.00	2422 Core	ey Street							
		Brenham,	TX 77833							
	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedu	ıle) (b) Description				
	OF EXPENDITURE	Salaries/W	Vages/Contract Labo	or					plete Schedule T.	
						Contract Lab		officeholder living		
						Contract Lab	יטו דינ	oi Cairipaiţ	gii Jeivices	
	Complete ONLY if direct	Candidate/Of	fficeholder name	Offi	ice sought			Office he		
	expenditure to benefit C/OF		meenolael Haille	Oili	ioc sough	•		Office IR	.iu	
										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/38 Rpt: 30/77	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	05/29/2023	Roehling, Braden
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$900.00	2422 Corey Street
		Brenham, TX 77833
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Supplement To State Salary
		Supplement to state salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
_	Date	Davies same
		Payee name
	05/29/2023	Scavane, Henry
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	10300 South I-35 Frontage Road
		Apt 6204
		Austin, TX 78748
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	-	Check if Austin, TX, officeholder living expense Supplement To State Salary
		Supplement to state salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	02/01/2023	Seadrift Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	P. O. Box 3
		Seadrift, TX 77983
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership Dues
		Wieffibership Dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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)
	Sch: 27/38 Rpt: 31/77	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	05/25/2023	Seidel Schroeder
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	2707 South Market St.
		Brenham, TX 77833
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Preparation Of 2022 Tax Forms 1096 And 1099
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/06/2023	Shack, Edward M.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,240.00	4410 Bellvue Avenue
		Austin, TX 78756
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Legal/Consulting Fees For Campaign Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	U
	Date	Payee name
	02/08/2023	Spaw Senate Account
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	Texas Senate
		P. O. Box 12068
		Austin, TX 78711-2068
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Senate Committee Meetings Coffee Fund
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 28/38 Rpt: 32/77	2 FILER NAME Kolkhorst, Lois W. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00041354
4	Date 01/06/2023	5 Payee name Steinbach, Chris
6	Amount (\$) \$8,500.00	7 Payee address; City; State; Zip Code P. O. Box 195 Brenham, TX 77834
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contract Labor For Campaign Services
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/29/2023	Payee name Steinbach, Chris
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code P. O. Box 195 Brenham, TX 77834
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplement To State Salary
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 04/15/2023	Payee name Sugarland Rotary Club Foundation
	Amount (\$) \$431.00	Payee address; City; State; Zip Code 420 Sugar Creek Blvd
		Sugar Land, TX 77478
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Item For Charitable Fundraising Event (Porch Rocker With State Seal)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	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)
	Sch: 29/38 Rpt: 33/77	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	01/12/2023	TDCJ Texas Department of Criminal Justice Manufacturing and Logistics Business Office
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$259.80	Attn: Employee Sales
		P. O. Box 4013
		Huntsville, TX 77342-4013
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Items For Charitable Donation/Auction — Texas Cutting Boards, Rocking Horse
L		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	02/13/2023	TDCJ Texas Department of Criminal Justice Manufacturing and Logistics Business Office
	Amount (\$)	Payee address; City; State; Zip Code
	\$851.93	Attn: Employee Sales
		P. O. Box 4013
		Huntsville, TX 77342-4013
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officenoider/Political Committee Litems For Charitable Donation/Auction Porch
		Rockers, Constitutional Chair
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H
	Date	Payee name
	06/05/2023	TDCJ Texas Department of Criminal Justice Manufacturing and Logistics Business Office
	Amount (\$)	Payee address; City; State; Zip Code
	\$703.63	Attn: Employee Sales
		P. O. Box 4013
		Huntsville, TX 77342-4013
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Items For Charitable Donation/Auction Wooden Flag Boxes, Cutting Boards
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 30/38 Rpt: 34/77	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	02/03/2023	Texas Conservative Coalition
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code P. O. Box 2659
	Ψ2,000.00	F. O. Box 2009
		Austin, TX 78768
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Membership Dues — 2 Years 88th Legislature
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/12/2023	Texas Senate Media
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	P. O. Box 12068
		Austin, TX 78711-2068
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Photo Copy Cost
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to believe even	·
	Date	Payee name
	04/13/2023	Texas Senate
	Amount (\$) \$267.00	Payee address; City; State; Zip Code P. O. Box 12068
	\$207.00	
		Capitol Station
	DUDDOCE	Austin, TX 78711-2068
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Cotton Flags
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/38 Rpt: 35/77	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	06/06/2023	Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	P. O. Box 12068
		Capitol Station
		Austin, TX 78711-2068
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense End Of Legislative Session Gifts For Capitol And
		Health Committee Staff
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/06/2023	Texas Values
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	900 Congress Ave., Suite 220
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event Sponsorship For Dinner And Legislative
		Update
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H end of the control
	Date	Payee name
	01/06/2023	Tiemann, Cheryl
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,000.00	5085 Roadrunner Lane
		Brenham, TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	-	Contract Labor For Campaign Services
		Contract Labor For Campaign Services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	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)
	Sch: 32/38 Rpt: 36/77	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	04/05/2023	U. S. Postal Service CPU Kep-Shell Food Mart
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$67.85	1385 FM 359 Rd.
		Richmond, TX 77406-2017
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Stamps For Katy District Office, Mailing Of Package
		To Brenham Office
_	Complete ONL V if direct	Condidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	03/01/2023	U. S. Postal Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$210.00	309 N. Market St.
		Brenham, TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Mailbox Rental Fee 1 Year
		Campaign Mailbox Nontain Co I real
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/06/2023	U. S. Postal Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,835.00	309 N. Market St.
		Brenham, TX 77833
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Stamps Stamps
	0 1: 0 1: 0	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/38 Rpt: 37/77	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	06/07/2023	U. S. Postal Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$210.00	309 N. Market St.
		Brenham, TX 77833
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Brenham District Office Mailbox Rental Fee 1 Year
		Brownian Bistrict Office Wallbox Northan 1 cc 1 Tear
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/24/2023	U.S. Postal Service CPU Ace Hardware Brenham
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.55	307 N. Austin Pkwy
		Brenham, TX 77833-3134
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Postage Fee For Mailing To Constituent
		1 ostage i ce i oi maining i o constituent
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	01/30/2023	Vici Media Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.13	5101 Bonneville Bend
		Austin, TX 78744
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	,,,,,,,,	Check if Austin, TX, officeholder living expense SAAS Websites Subscription Payment
		SAAS Websites Subscription Payment
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Leal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/38 Rpt: 38/77	Kolkhorst, Lois W. (The Honorable) 00041354
4	Date	5 Payee name
	02/27/2023	Vici Media Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$160.13	5101 Bonneville Bend
		Austin, TX 78744
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense SAAS Websites Subscription Payment
		SAAS Websites Subscription rayment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	04/04/2023	Vici Media Group
H	Amount (\$)	Payee address; City; State; Zip Code
	\$74.73	5101 Bonneville Bend
	Ψ14.13	3101 Borneville Berid
		A . (C. TV 70744
		Austin, TX 78744
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Domain Renewals
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/30/2023	Vici Media Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.13	5101 Bonneville Bend
	\$100.10	ozoz Bolillovillo Bolid
		Austin, TX 78744
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		SAAS Websites Subscription Payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
í		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		/ages	/Contract Labor		OTHER (enter	a category not listed	l above)
	•			The Instruction (Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	≣					3	Filer ID	(Ethics Comm	ission Filers)
l	Sch: 35/38 Rpt: 39/77		Kolkhorst, I	ois W. (The H	onorable)					00041354		
4	Date	5	Payee name									
l	04/29/2023		Vici Media									
Ļ		 -		•	Ctata	7:n Co	al a					
ľ	Amount (\$)	 ′	Payee addre		State,	; Zip Co	ue					
l	\$160.13		5101 Bonne	eville Benu								
l												
l			Austin, TX	78744								
8	PURPOSE	(a)	Category (S	ee Categories listed a	the top of this sch	edule)	(b)	Description				
l	OF		Advertising		. 110 100 01 1110 0011	oud.o,		`	outsi	de of Texas. Cor	nplete Schedule T.	
l	EXPENDITURE		J	•				Check if Austin,	, TX,	officeholder livin	g expense	
l								SAAS Websit	tes	Subscription	n Payment	
l												
9	Complete ONLY if direct		Candidate/Off	iceholder name		Office sou	ght			Office h	eld	
l	expenditure to benefit C/OI	Н										
F	Date	Г	Dayoo namo									
l	05/30/2023		Payee name Vici Media									
L				•								
l	Amount (\$)		Payee addre		State;	; Zip Co	de					
l	\$160.13		5101 Bonne	eville Bend								
l												
			Austin, TX	78744								
⊢	PURPOSE	(a)	Category				(h)	Description				
l	OF	(",	Advertising	ee Categories listed a	tne top of this sch	edule)	(~)		outsi	de of Texas. Cor	nplete Schedule T.	
l	EXPENDITURE		Advertising	Expense				=		officeholder livin		
l								SAAS Websit	tes	Subscription	n Payment	
l												
H	Complete ONLY if direct		Candidate/Off	iceholder name		Office sou	ght			Office h	eld	
l	expenditure to benefit C/OI	Н					-					
⊨	D-t-	_										
l	Date		Payee name									
L	06/29/2023		Vici Media	Group								
l	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	de					
l	\$160.13		5101 Bonne	eville Bend								
l												
l			Austin, TX	78744								
\vdash	PURPOSE	(a)					(h)	Description				
l	OF	(۵)	Advertising	ee Categories listed a	tne top of this sch	edule)	(2)		outsi	de of Texas. Cor	nplete Schedule T.	
l	EXPENDITURE		Auvertising	Lxperise				브		officeholder livin	•	
l								SAAS Websit	tes	Subscription	n Payment	
\vdash	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	aht			Office h	eld	
	expenditure to benefit C/OI						J			200 1	- -	
\vdash												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	┪
Sch: 36/38 Rpt: 40/77	Kolkhorst, Lois W. (The Honorable)	
4 Date	5 Payee name	Π
01/11/2023	Victoria Chamber of Commerce	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$25.00	P. O. Box 2465	
	7403 Lone Tree Rd., Suite 211. 77905	
	Victoria, TX 77902-2465	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Lunch Meeting Ticket For Staff Member	
	Lunch Weeting Ticket For Stall Weitiber	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payee name	
01/26/2023	Victoria Chamber of Commerce	
Amount (\$)	Payee address; City; State; Zip Code	
\$75.00	P. O. Box 2465	
	7403 Lone Tree Rd., Suite 211. 77905	
	Victoria, TX 77902-2465	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Dinner Meeting Ticket For Staff Member	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	=
02/15/2023	Victoria Chamber of Commerce	
Amount (\$)	Payee address; City; State; Zip Code	
\$25.00	P. O. Box 2465	
	7403 Lone Tree Rd., Suite 211. 77905	
	Victoria, TX 77902-2465	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Lunch Meeting Ticket For Staff Member	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	y	
		_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	e Printing Salarie	-	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	1E				3	Filer ID	(Ethics Commission Filers)
	Sch: 37/38 Rpt: 41/77		Lois W. (The Honorab	le)				00041354	
4	<u> </u>	5 Payee name					Ш		
	03/23/2023	,	namber of Commerce						
6	Amount (\$)	7 Payee addre		State; Zip (Code				
	\$25.00	P. O. Box	•	State, Zip	Code				
	Ψ25.00		e Tree Rd., Suite 211.	77005					
			•	11303					
_	DUDDOCT	·	X 77902-2465		100				
8	PURPOSE OF		See Categories listed at the top o	f this schedule)	(b)	Description Check if travel of	nuteir	de of Texas. Com	nlete Schedule T
	EXPENDITURE	Event Expo	ense			=		officeholder living	
						Lunch Meetin			
9	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Office s	ought			Office he	bld
	Date	Payee name					_		
	04/03/2023	1 1	ossroads Independent	: Cattlemen's	s Asso	ociation			
	Amount (\$)	Payee addre	ess; City;	State; Zip (Code				
	\$60.00	204 Guine	•						
		Victoria, T							
	PURPOSE OF		See Categories listed at the top o	f this schedule)	(b)	Description			
	EXPENDITURE	Event Expo	ense					de of Texas. Comp officeholder living	
						Event Tickets			
							_		
	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Office s	ought			Office he	pld
	Date	Payee name	9				_		
	03/15/2023	Washingto	n County Chamber Of	Commerce					
	Amount (\$)	Payee addre	ess; City;	State; Zip (Code				
	\$30.00	314 South							
		Brenham,	TX 77833						
	PURPOSE OF	l	See Categories listed at the top o	f this schedule)	(b)	Description			
	EXPENDITURE	Event Expo	ense			ш		de of Texas. Comp officeholder living	•
						Event Ticket I			
	Complete ONLY if direct	LCandidate/Of	fficeholder name	Office s	 ought		—	Office he	 eld
	expenditure to benefit C/OF				•				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor			Polling Expense Printing Expens Salaries/Wages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense trict category not listed above)
	orean out a tyment		The Instruction Guid	e explains h	now to comple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 38/38 Rpt: 42/77		Kolkhorst, Lois W. (The Hono	rable)				00041354	
4	Date	5	Payee name			·	<u> </u>		
	02/01/2023		Young Conservatives of Texa	S					
Ļ		┞							
6	Amount (\$)	7	Payee address; City;	State;	Zip Code				
l	\$1,000.00		P. O. Box 1888						
l									
l			Rowlett, TX 75030-1888						
8	PURPOSE	(a)	Catagony		(b)	Description			
ľ	OF	(۵)	Category (See Categories listed at the t	op of this sche	edule)		outsio	de of Texas. Com	olete Schedule T.
l	EXPENDITURE		Event Expense					officeholder living	
						2023 Conven			
								·	
9	Complete ONLY if direct		Candidate/Officeholder name		ffice sought			Office he	ald.
ľ	expenditure to benefit C/O	н `	Sandidate/Officeriolder flame	O	ince sought			Office fic	iu .
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EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/35 Rpt: 43/77 Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 05/22/2023 Apple Inc. Amount (\$) Payee address; State; Zip Code City; \$1,382.35 One Apple Park Way Cupertino, TX 95014 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Equipment --- IPad For Campaign Use 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/31/2023 **B&H Photo Video** Amount (\$) Payee address; City; State; Zip Code \$649.26 420 9th Ave New York, TX 10001 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Equipment --- Camera For Photographing Campaign **Events** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/35 Rpt: 44/77 Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 03/02/2023 Cabo Bob's Burritos Austin Amount (\$) Payee address; City; State; Zip Code \$89.18 2828 Rio Grande St Austin, TX 78705 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Meeting To Discuss Legislative Issues 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/01/2023 Cabo Bob's Burritos Austin Amount (\$) Payee address; City; State; Zip Code \$293.49 2828 Rio Grande St Austin, TX 78705 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Meeting To Discuss Legislative Issues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/35 Rpt: 45/77 Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 04/12/2023 Cabo Bob's Burritos Austin Amount (\$) Payee address; City; State; Zip Code \$176.55 2828 Rio Grande St Austin, TX 78705 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Meeting To Discuss Legislative Issues 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/12/2023 Cabo Bob's Burritos Austin Amount (\$) Payee address; City; State; Zip Code \$125.31 2828 Rio Grande St Austin, TX 78705 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Meeting To Discuss Legislative Issues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/35 Rpt: 46/77 Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 05/19/2023 Cabo Bob's Burritos Austin Amount (\$) Payee address; City; State; Zip Code \$177.09 2828 Rio Grande St Austin, TX 78705 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Meeting To Discuss Legislative Issues 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/23/2023 Cabo Bob's Burritos Austin Amount (\$) Payee address; City; State; Zip Code \$114.00 2828 Rio Grande St Austin, TX 78705 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Meeting To Discuss Legislative Issues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Kolkhorst, Lois W. (The Honorable) Sch: 5/35 Rpt: 47/77 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 03/01/2023 Chick-Fil-A Austin Amount (\$) Payee address; State; Zip Code \$238.69 South Mopac FSU #01134 Austin, TX 78735 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Meeting To Discuss Legislative Issues 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/08/2023 Chick-Fil-A Austin Amount (\$) Payee address; City; State; Zip Code \$93.57 South Mopac FSU #01134 Austin, TX 78735 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Meeting To Discuss Legislative Issues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Kolkhorst, Lois W. (The Honorable) Sch: 6/35 Rpt: 48/77 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 04/28/2023 Chick-Fil-A Austin Amount (\$) Payee address; State; Zip Code \$59.54 South Mopac FSU #01134 Austin, TX 78735 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Meeting To Discuss Legislative Issues 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/23/2023 Chick-Fil-A Austin Amount (\$) Payee address; City; State; Zip Code \$84.13 South Mopac FSU #01134 Austin, TX 78735 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Meeting To Discuss Legislative Issues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/35 Rpt: 49/77 Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 04/22/2023 Chuy's Austin Amount (\$) Payee address; City; State; Zip Code \$385.80 1728 Barton Springs Rd. Austin, TX 78704 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Meeting To Recognize Staff Member 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/05/2023 Dropbox Payee address: Amount (\$) City; State; Zip Code \$575.64 1800 Owens St San Francisco, TX 94158 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense File Hosting Service Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/35 Rpt: 50/77 Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 01/31/2023 Facebook Amount (\$) Payee address; City; State; Zip Code \$250.00 1601 S. California Ave. Palo Alto, CA 94304 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Facebook Ads 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/28/2023 Facebook Amount (\$) Payee address; City; State; Zip Code \$150.00 1601 S. California Ave. Palo Alto, CA 94304 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Facebook Ads Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/35 Rpt: 51/77 Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 03/28/2023 Facebook Amount (\$) Payee address; City; State; Zip Code \$500.00 1601 S. California Ave. Palo Alto, CA 94304 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Facebook Ads 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/31/2023 Facebook Amount (\$) Payee address; City; State; Zip Code \$38.43 1601 S. California Ave. Palo Alto, CA 94304 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Facebook Ads Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/35 Rpt: 52/77 Kolkhorst, Lois W. (The Honorable) 00041354 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 04/30/2023 Facebook Amount (\$) Payee address; City; State; Zip Code \$501.92 1601 S. California Ave. Palo Alto, CA 94304 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Facebook Ads 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/28/2023 Facebook Amount (\$) Payee address; City; State; Zip Code \$500.00 1601 S. California Ave. Palo Alto, CA 94304 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Facebook Ads Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/35 Rpt: 53/77 Kolkhorst, Lois W. (The Honorable) 00041354 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 05/31/2023 Facebook Amount (\$) Payee address; City; State; Zip Code \$32.65 1601 S. California Ave. Palo Alto, CA 94304 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Facebook Ads 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 06/14/2023 Facebook Amount (\$) Payee address; City; State; Zip Code \$500.00 1601 S. California Ave. Palo Alto, CA 94304 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Facebook Ads Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/35 Rpt: 54/77 Kolkhorst, Lois W. (The Honorable) 00041354 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 06/30/2023 Facebook Amount (\$) Payee address; City; State; Zip Code \$202.68 1601 S. California Ave. Palo Alto, CA 94304 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Facebook Ads 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/08/2023 Flower Market on Main Amount (\$) Payee address; City; State; Zip Code \$136.40 18 E Main St Bellville, TX 77418 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Flowers For Constituent's Funeral Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/35 Rpt: 55/77 Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 03/04/2023 Fresa's 9th & Lamar Amount (\$) Payee address; State; Zip Code City; \$209.42 915 N Lamar Blvd Austin, TX 78703 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Meeting To Discuss Legislative Issues 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/01/2023 Google LLC Payee address: Amount (\$) City; State; Zip Code \$39.51 1600 Amphitheatre Parkway Mountain View, CA 94043 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Google Voice Service Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/35 Rpt: 56/77 Kolkhorst, Lois W. (The Honorable) 00041354 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 04/01/2023 Google LLC Amount (\$) Payee address; City; State; Zip Code 1600 Amphitheatre Parkway \$63.96 Mountain View, CA 94043 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense G-Suite Subscription Payment 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/01/2023 Google LLC Payee address: Amount (\$) City; State; Zip Code \$63.96 1600 Amphitheatre Parkway Mountain View, CA 94043 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense G-Suite Subscription Payment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/35 Rpt: 57/77 Kolkhorst, Lois W. (The Honorable) 00041354 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 05/01/2023 Google LLC Amount (\$) Payee address; City; State; Zip Code 1600 Amphitheatre Parkway \$38.85 Mountain View, CA 94043 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Google Voice Service 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 06/01/2023 Google LLC Payee address: Amount (\$) City; State; Zip Code \$63.96 1600 Amphitheatre Parkway Mountain View, CA 94043 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense G-Suite Subscription Payment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/35 Rpt: 58/77 Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 06/01/2023 Google LLC Amount (\$) Payee address; City; State; Zip Code \$38.85 1600 Amphitheatre Parkway Mountain View, CA 94043 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Google Voice Service 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/07/2023 Harris County Republican Party Amount (\$) Payee address; City; State; Zip Code \$5,000.00 8588 Katy Freeway, Suite 445 Houston, TX 77024 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Event Expense -- 2023 Lincoln-Reagan Dinner Sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 17/35 Rpt: 59/77 Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 01/02/2023 Hill Country Springs, Inc. Amount (\$) Payee address; State; Zip Code City; \$32.14 P. O. Box 2220 Manchaca, TX 78652-2220 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Water For Austin Office And Health Committee Meetings 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/02/2023 Hill Country Springs, Inc. Amount (\$) Payee address; City; State; Zip Code \$75.63 P. O. Box 2220 Manchaca, TX 78652-2220 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Water For Austin Office And Health Committee Meetings Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 18/35 Rpt: 60/77 Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 03/01/2023 Hill Country Springs, Inc. Amount (\$) Payee address; State; Zip Code City; \$101.64 P. O. Box 2220 Manchaca, TX 78652-2220 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Water For Austin Office And Health Committee Meetings 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/03/2023 Hill Country Springs, Inc. Amount (\$) Payee address; City; State; Zip Code \$107.13 P. O. Box 2220 Manchaca, TX 78652-2220 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Water For Austin Office And Health Committee Meetings Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 19/35 Rpt: 61/77 Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 05/01/2023 Hill Country Springs, Inc. Amount (\$) Payee address; State; Zip Code City; \$84.14 P. O. Box 2220 Manchaca, TX 78652-2220 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Water For Austin Office And Health Committee Meetings 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/01/2023 Hill Country Springs, Inc. Amount (\$) Payee address; City; State; Zip Code \$165.12 P. O. Box 2220 Manchaca, TX 78652-2220 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Water For Austin Office And Health Committee Meetings Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 20/35 Rpt: 62/77 Kolkhorst, Lois W. (The Honorable) 00041354 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 05/15/2023 Home Slice Austin Amount (\$) Payee address; State; Zip Code \$169.64 1415 S Congress Ave Austin, TX 78704 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Meeting To Discuss Legislative Issues 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/24/2023 Home Slice Austin Amount (\$) Payee address; City; State; Zip Code \$173.06 1415 S Congress Ave Austin, TX 78704 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Meeting To Discuss Legislative Issues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 21/35 Rpt: 63/77 Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 02/09/2023 Jason's Deli Austin Amount (\$) Payee address; State; Zip Code \$575.88 1000 E 41st St. Ste 940 Austin, TX 78751 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Lunch Meal For Senate Finance Meeting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/01/2023 Jason's Deli Austin Amount (\$) Payee address; City; State; Zip Code \$462.32 1000 E 41st St. Ste 940 Austin, TX 78751 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Lunch Meal For Senate Finance Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 22/35 Rpt: 64/77 Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 06/26/2023 Katy Flowers, LLC Amount (\$) Payee address; State; Zip Code \$146.13 6191 Highway Blvd. Katy, TX 77494 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Flowers For Constituent's Funeral 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/25/2023 Mailchimp Atlanta Amount (\$) Payee address; City; State; Zip Code \$122.59 The Rocket Science Group, LLC 675 Ponce de Leon Ave NE, Suite 5000 Atlanta, GA 30308 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Mailchimp Subscription Payment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 23/35 Rpt: 65/77 Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 02/20/2023 Mailchimp Atlanta Amount (\$) Payee address; City; State; Zip Code \$122.59 The Rocket Science Group, LLC 675 Ponce de Leon Ave NE, Suite 5000 Atlanta, GA 30308 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Mailchimp Subscription Payment 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/20/2023 Mailchimp Atlanta Amount (\$) Payee address; City; State; Zip Code \$122.59 The Rocket Science Group, LLC 675 Ponce de Leon Ave NE, Suite 5000 Atlanta, GA 30308 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Mailchimp Subscription Payment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 24/35 Rpt: 66/77 Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 04/20/2023 Mailchimp Atlanta Amount (\$) Payee address; City; State; Zip Code \$122.59 The Rocket Science Group, LLC 675 Ponce de Leon Ave NE, Suite 5000 Atlanta, GA 30308 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Mailchimp Subscription Payment 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/20/2023 Mailchimp Atlanta Amount (\$) Payee address; City; State; Zip Code \$122.59 The Rocket Science Group, LLC 675 Ponce de Leon Ave NE, Suite 5000 Atlanta, GA 30308 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Mailchimp Subscription Payment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 25/35 Rpt: 67/77 Kolkhorst, Lois W. (The Honorable) 00041354 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 06/20/2023 Mailchimp Atlanta Amount (\$) Payee address; City; State; Zip Code \$122.59 The Rocket Science Group, LLC 675 Ponce de Leon Ave NE, Suite 5000 Atlanta, GA 30308 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Mailchimp Subscription Payment 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/10/2023 Montgomery Area Chamber Amount (\$) Payee address; City; State; Zip Code \$25.00 10461 Commerce Row Ste 106 Montgomery, TX 77356 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Lunch Meeting Ticket Cost For Staff Member Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 26/35 Rpt: 68/77 Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 03/13/2023 Montgomery Area Chamber Amount (\$) Payee address; City; State; Zip Code \$100.00 10461 Commerce Row Ste 106 Montgomery, TX 77356 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Dinner Meeting Ticket Cost For Staff Member 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Quattro Gatti Ristorante 01/11/2023 Payee address: Amount (\$) City; State; Zip Code \$269.45 908 Congress Ave. Austin, TX 78701 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Dinner Meeting With Other Senators To Discuss Legislative Session Issues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 27/35 Rpt: 69/77 Kolkhorst, Lois W. (The Honorable) 00041354 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 03/28/2023 Quattro Gatti Ristorante Amount (\$) Payee address; State; Zip Code City; \$449.24 908 Congress Ave. Austin, TX 78701 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Dinner Meeting With Other Senators To Discuss Legislative Session Issues 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Quattro Gatti Ristorante 06/06/2023 Payee address: Amount (\$) City; State; Zip Code \$250.13 908 Congress Ave. Austin, TX 78701 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Dinner Meeting With Other Senators To Discuss Legislative Session Issues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 28/35 Rpt: 70/77 Kolkhorst, Lois W. (The Honorable) 00041354 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 02/03/2023 Raising Cane's Amount (\$) Payee address; City; State; Zip Code \$69.99 415 W. Martin Luther King Jr. Blvd. Austin, TX 78701 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Meeting To Discuss Legislative Issues 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/04/2023 Raising Cane's Amount (\$) Payee address; City; State; Zip Code \$59.81 415 W. Martin Luther King Jr. Blvd. Austin, TX 78701 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Meeting To Discuss Legislative Issues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 29/35 Rpt: 71/77 Kolkhorst, Lois W. (The Honorable) 00041354 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 04/26/2023 Raising Cane's Amount (\$) Payee address; City; State; Zip Code \$133.17 415 W. Martin Luther King Jr. Blvd. Austin, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Meeting To Discuss Legislative Issues 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/16/2023 Raising Cane's Amount (\$) Payee address; City; State; Zip Code \$134.84 415 W. Martin Luther King Jr. Blvd. Austin, TX 78701 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Meeting To Discuss Legislative Issues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 30/35 Rpt: 72/77 Kolkhorst, Lois W. (The Honorable) 00041354 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 05/28/2023 Raising Cane's Amount (\$) Payee address; City; State; Zip Code \$103.51 415 W. Martin Luther King Jr. Blvd. Austin, TX 78701 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Meeting To Discuss Legislative Issues 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/03/2023 Starbucks Austin Amount (\$) Payee address; City; State; Zip Code \$43.30 15th & San Antonio 501 West 15th Street Austin, TX 78701-1516 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Refreshments For Staff Meeting To Discuss Legislative Issues Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 31/35 Rpt: 73/77 Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Payee name 5 Date 02/12/2023 The Wall Street Journal Amount (\$) Payee address; State; Zip Code \$239.73 P. O. Box 7020 200 Burnett Road 01020 Chicopee, MA 01021-7020 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Newspaper Subscription Renewal** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/08/2023 **UT Conference Center Garage** Amount (\$) Payee address; City; State; Zip Code \$12.00 1900 University Ave Austin, TX 78705 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Parking For Conference Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 32/35 Rpt: 74/77 Kolkhorst, Lois W. (The Honorable) 00041354 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 01/24/2023 Zoom.US Amount (\$) Payee address; City; State; Zip Code \$31.60 San Jose Headquarters 55 Almaden Boulevard, 6th Floor San Jose, CA 95113 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Conference Call Meetings Cost 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/24/2023 Zoom.US Amount (\$) Payee address; City; State; Zip Code \$31.60 San Jose Headquarters 55 Almaden Boulevard, 6th Floor San Jose, CA 95113 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Conference Call Meetings Cost Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 33/35 Rpt: 75/77 Kolkhorst, Lois W. (The Honorable) 00041354 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 03/24/2023 Zoom.US Amount (\$) Payee address; City; State; Zip Code \$31.60 San Jose Headquarters 55 Almaden Boulevard, 6th Floor San Jose, CA 95113 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Conference Call Meetings Cost 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/03/2023 Zoom.US Amount (\$) Payee address; City; State; Zip Code \$31.60 San Jose Headquarters 55 Almaden Boulevard, 6th Floor San Jose, CA 95113 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Conference Call Meetings Cost Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 34/35 Rpt: 76/77 Kolkhorst, Lois W. (The Honorable) 00041354 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 05/24/2023 Zoom.US Amount (\$) Payee address; City; State; Zip Code \$33.71 San Jose Headquarters 55 Almaden Boulevard, 6th Floor San Jose, CA 95113 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Conference Call Meetings Cost 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 06/24/2023 Zoom.US Amount (\$) Payee address; City; State; Zip Code \$33.71 San Jose Headquarters 55 Almaden Boulevard, 6th Floor San Jose, CA 95113 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Conference Call Meetings Cost Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 35/35 Rpt: 77/77 Kolkhorst, Lois W. (The Honorable) 00041354 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 04/19/2023 i Fratelli Pizza Downtown Austin **7** Amount (\$) Payee address; City; State; Zip Code \$253.34 501 W 15th St Austin, TX 78701 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff Lunch Meeting To Discuss Legislative Issues 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH