CORRECTION/AMENDMENT AFFIDAVIT FORM COR-C/OH FOR CANDIDATE/OFFICEHOLDER Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00067957 89 Date Received CANDIDATE / MS / MRS / MR **FIRST** MI **ELECTRONICALLY FILED OFFICEHOLDER** The Honorable Nicole D. 07/18/2023 NAME NICKNAME LAST **SUFFIX** Collier Date Hand-delivered or Date Postmarked **ORIGINAL** Runoff Other (specify) January 15 REPORT TYPE X July 15 Receipt # Exceeded modified reporting limit Amount 15th day after campaign treasurer 30th day before election appointment (officeholder only) Date Processed Final Report (Attach C/OH-FR) 8th day before election **ORIGINAL PERIOD** Month Month Day Day Year Year Date Imaged **COVERED THROUGH** 01/01/2023 06/30/2023 **EXPLANATION OF CORRECTION** The original report inadvertently failed to include the non-itemized total for political expenditures under \$200 and also a few of the expenditures were inadvertently left off. Moreover, the report was filed late due after experiencing technical difficulty with the credit card schedule as well as the inability to timely locate the section where to input the non-itemized political expenditures under \$200. I respectfully request a waiver of the late filing fee penalty due to technical difficulties, and unintentional and inadvertent errors. **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. The Honorable Nicole D. Collier Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ___ _____, 20_____, to certify which, witness my hand and seal of office.

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00067957		2 Total pages filed: 89
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Nicole D.			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	07/18/2023
	INICKNAINE	Collier		SUFFIX	01/13/2020
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING	P.O. Box 24241				Receipt # Amount
ADDRESS					, and an
Change of Address	Fort Worth, TX 76124				Date Processed
					Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	
NAME	Mr.	Gary			
	NICKNAME	LAST		SUFFIX	
		Collier			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	T / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	PO Box 24241				
(Residence or Business)					
(residence of Edomose)	Fort Worth, TX 76124				
7 CAMPAICN	ADEA CODE DUON	IE NILIMDED - F	TYTENICION		
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION		
PHONE	(817) 330-9504				
8 REPORT	+				
TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer
		⊣		_	appointment (officeholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year	TL	HROUGH	Month Day	Year
	01/01/2023	10	ikoogn	06/30/202	3
10 ELECTION	ELECTION DATE			ELECTION TYPE	
LIU ELECTION	Month Day Year		rimary	Runoff	Other
	11/08/2022		-	브	
		XIG	Seneral	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	
	State Representative Distr	rict 95 Tarrant		State Representa	ative District 95
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 89

13 C / OH NAME	Collier, Nicole D. (Th	e Honorable)	14 Filer ID 00067957	(Ethics Commission	n Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expe These expenditures may have been made with d officeholders are required to report this inform	nout the candidate's or offic	ceholder's knowledge	e or
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAM	ИE		
		COMMITTEE CAMPAIGN TREASURER ADD	DRESS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER ESES OF LOANS, OR CONTRIBUTIONS MADE		, \$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LC	DANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 1	,694.04
	4. TOTAL POLITION	CAL EXPENDITURES		\$ 70	,341.16
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE ERIOD	HE LAST DAY OF THE	\$ 2	,919.02
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	S AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		I swear, or affirm, under pe true and correct and includ under Title 15, Election Co	les all information required		
		The F	lonorable Nicole D. Col	lier	
			re of Candidate or Officeho		
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	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 administering	Title of office	er administering oath	<u> </u>
Signature of office	oo. dammistoring	Timed hame of officer autilitistering	The of office	or administering ball	•

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	4 of 89						
· ·	18 FILER NAME Collier, Nicole D. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00067957						
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 63,488.72				
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		\$ 3,426.22				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 3,426.22				
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 TO FILER	RETURNED	\$				

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 1/76 Rpt: 5/89	2 FILER NAME Collier, Nicole D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067957
4	Date	5 Payee name
	01/18/2023	101 Building LLC
6	Amount (\$) \$2,550.00	7 Payee address; City; State; Zip Code 101 S. Jennings Avenue
		Fort Worth, TX 76104
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
		Campaign office lease
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2023	1800Flowers
	Amount (\$)	Payee address; City; State; Zip Code
	\$153.91	3380 Belt Line Road
	4200.02	5555 56K 2m5 1 666
		Dallas, TX 75234
	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
		Constituent Bereavement gift
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/28/2023	7-11 Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.57	408 W 15th Street

		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Auto expense - fuel
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft 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

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

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: 2/76 Rpt: 6/89	Collier, Nicole D. (The Honorable) 00067957
4 Date	5 Payee name
04/03/2023	7-11 Fort Worth
6 Amount (\$) \$76.44	7 Payee address; City; State; Zip Code 1622 Hemphill Fort Worth, TX 76104
9 DUDDOSE	1
8 PURPOSE OF	(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.
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Auto expense - fuel
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/29/2023	AT&T Austin Internet
Amount (\$)	Payee address; City; State; Zip Code
\$80.72	1011 W 5th Street
DUDDOG -	Austin, TX 78703
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Officeholder Internet Service
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/02/2023	AT&T Austin Internet
Amount (\$)	Payee address; City; State; Zip Code
\$70.68	1011 W 5th Street
	Austin, TX 78703
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. X Check if Austin, TX, officeholder living expense
	Officeholder internet
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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide expl		Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAMI	 E				3	Filer ID	(Ethics Commission File	ers)
	Sch: 3/76 Rpt: 7/89		ole D. (The Honorable)					00067957		
4	Date	5 Payee name	!							
	04/28/2023	AT&T Aust	in Internet							
6	Amount (\$)	7 Payee addre	ess; City; S	State; Zip Co	ode					
	\$80.01	1011 W 5th	ı Street							
		Austin, TX	78703							
8	PURPOSE	(a) Category (S	See Categories listed at the top of the	his schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	rhead/Rental Expense			느		de of Texas. Com		
						Check if Austin, Officeholder i		officeholder living	expense	
						Officeriolaer	Hic	inct		
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	ald.	
ľ	expenditure to benefit C/OI		icerioidei riairie	Omec 300	igiit			Office fie	, id	
	Date	Payee name								
	04/03/2023	AT&T Aust	in Internet							
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	ode					
	\$161.44	1011 W 5th	ı Street							
		Austin, TX	78703		•					
	PURPOSE OF	(a) Category (S	See Categories listed at the top of the	his schedule)	(b)	Description				
	EXPENDITURE	Office Over	rhead/Rental Expense			ш		de of Texas. Comp officeholder living		
						Check if Austin, Officeholder i			expense	
						Omocnoider i				
	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ıght			Office he	eld	
	expenditure to benefit C/OI	H			-					
	Date	Payee name								
	02/02/2023	AT&T Aust	in Internet							
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	ode					
	\$73.05	1011 W 5th	ı Street							
		Austin, TX	78703							
	PURPOSE	(a) Category (S	See Categories listed at the top of the	his schedule)	(b)	Description		<u> </u>		
	OF EXPENDITURE	Office Over	rhead/Rental Expense			ш		de of Texas. Com		
						X Check if Austin, Officeholder i		officeholder living	expense	
						Cincendidel I	1110	met		
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l laht			Office he	eld	
	expenditure to benefit C/O			200 000	9.10			Z III OO II C		
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/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/76 Rpt: 8/89	Collier, Nicole D. (The Honorable)	00067957
4	Date	5 Payee name	
	06/15/2023	AT&T	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$271.30	PO Box 537104	
		All 1 0 0 00070	
Ļ		Atlanta, GA 30353	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pontal Expanse.	outside of Texas. Complete Schedule T.
	EXPENDITURE	Onice Overneda/Nerital Expense	n, TX, officeholder living expense
		Campaign of	ffice phones
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	05/15/2023	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$264.28	PO Box 537104	
		Atlanta, GA 30353	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense
		Campaign of	ffice phones
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OH	•	Office field
_	Date	Davida marra	
	04/07/2023	Payee name AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$236.69	PO Box 537104	
	7-2000		
		Atlanta, GA 30353	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	EXI ENDITORE	Campaign of	n, TX, officeholder living expense
		Campaign of	nice priories
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	
1			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	Sch: 5/76 Rpt: 9/89	Collier, Nicole D. (The Honorable) 00067957	
4	Date	5 Payee name	_
	02/24/2023	AT&T	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$346.21	PO Box 537104	
		Atlanta, GA 30353	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Campaign office phones	
_			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	·		
	Date	Payee name	
	02/13/2023	AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$291.57	PO Box 537104	
		Atlanta, GA 30353	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense Campaign office phones	
		Campaign onice phones	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Data		_
	Date 01/10/2023	Payee name AT&T	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$298.75	PO Box 537104	
		Atlanta, GA 30353	
	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	
		Campaign office phones	
	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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 6/76 Rpt: 10/89	2 FILER NAME Collier, Nicole D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067957
4	Date 06/29/2023	5 Payee name Adobe
6	Amount (\$) \$10.81	7 Payee address; City; State; Zip Code 345 Park Avenue San Jose, CA 95110
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 06/20/2023	Payee name Adobe
	Amount (\$) \$103.89	Payee address; City; State; Zip Code 345 Park Avenue San Jose, CA 95110
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office software
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/30/2023	Payee name Adobe
	Amount (\$) \$10.81	Payee address; City; State; Zip Code 345 Park Avenue
		San Jose, CA 95110
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription
	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 Co

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	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: 7/76 Rpt: 11/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	05/19/2023	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.89	345 Park Avenue
		San Jose, CA 95110
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 Office software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/01/2023	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.81	345 Park Avenue
		San Jose, CA 95110
	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
		Office subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/20/2023	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.89	345 Park Avenue
		San Jose, CA 95110
	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 Office software
		Onice Software
_	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	Al 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: 8/76 Rpt: 12/89	Collier, Nicole D. (The Honorable) 00067957
4 Date	5 Payee name
03/20/2023	Adobe
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$103.89	345 Park Avenue
	San Jose, CA 95110
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense Office software
	Office software
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/27/2023	Adobe
Amount (\$)	Payee address; City; State; Zip Code
\$10.81	345 Park Avenue
	San Jose, CA 95110
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
	Office subscription
	Cinice Subscription
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/21/2023	Adobe
Amount (\$)	Payee address; City; State; Zip Code
\$103.89	345 Park Avenue
	San Jose, CA 95110
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense Office software
	Office Software
Complete ONLY Station	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	

SCHEDULE F1

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

Event Expense 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/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: 9/76 Rpt: 13/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	01/31/2023	Adobe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.81	345 Park Avenue
		San Jose, CA 95110
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office subscription
		Cinice Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Date	David and the second se
		Payee name
	01/19/2023	Adobe
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.89	345 Park Avenue
		San Jose, CA 95110
	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 Office software
		Office Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	02/22/2023	Alonti Catering Cafe
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$296.75	701 S Lamar
		Suite B
		Austin, TX 78704
	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.
		Capitol office food
		οαριίοι οπίου του
_	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 Fees

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this f	orm.
1	. •	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/76 Rpt: 14/89	Collier, Nicole D. (The Honorable)	00067957
4		5 Payee name	
Ļ	06/05/2023	Amazon	
١	Amount (\$) \$136.15	7 Payee address; City; State; Zip Code410 Terry Avenue N	
	Ψ130.13	410 Telly Avenue N	
		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	otion
	OF EXPENDITURE	Office Overhead/Rental Expense	ck if travel outside of Texas. Complete Schedule T.
	LXI ENDITORE	1	ck if Austin, TX, officeholder living expense SUPPlieS
		Office	Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
F	Date	Payee name	
	05/08/2023	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$214.87	410 Terry Avenue N	
		Seattle, WA 98109	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description of the control	otion ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Onice Overnedd/Nerital Expense	ck if Austin, TX, officeholder living expense
		Capito	ol office supplies
L			25
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
⊨	Date	Payee name	
	04/12/2023	Amazon	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$59.46	410 Terry Avenue N	
		Seattle, WA 98109	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	OF EXPENDITURE	Office Overficaci/Nertical Experise	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
			of office supplies
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

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

Event Expense Loan Repayment/ Fees Office Overhead/F Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Sayires Salaries/Magas/C

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

	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: 11/76 Rpt: 15/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	03/21/2023	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$27.79	410 Terry Avenue N
		Seattle, WA 98109
8	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
		District office supplies
		District office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	03/14/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$348.60	410 Terry Avenue N
		Seattle, WA 98109
	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
		Capitol office supplies
		Cupitor cities supplies
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/01/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$101.51	410 Terry Avenue N
		Seattle, WA 98109
	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 Capitol office supplies
		Capitor office supplies
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
l		

SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gil Candidate/Officeholder/Political Committee Le

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 Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:				
	Sch: 12/76 Rpt: 16/89	Collier, Nicole D. (The Honorable) 00067957			
4	Date	5 Payee name			
	01/09/2023	Amazon			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$30.01	410 Terry Avenue N			
		Seattle, WA 98109			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Capitol office supplies			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	02/17/2023	Amazon Marketplace			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$49.20	410 Terry Avenue N			
		Seattle, WA 98109			
	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.			
	LAI LINDITORE	Check if Austin, TX, officeholder living expense			
		Capitol office snacks			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	02/16/2023	Amazon Marketplace			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$93.31	410 Terry Avenue N			
		Seattle, WA 98109			
	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 Capitol office snacks			
		Ouplier office shacks			
	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 Comm

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	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: 13/76 Rpt: 17/89	Collier, Nicole D. (The Honorable) 00067957				
4	Date	5 Payee name				
	02/15/2023	Amazon Marketplace				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$40.47	410 Terry Avenue N				
		Seattle, WA 98109				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense				
	LXI LINDITORL	Check if Austin, TX, officeholder living expense				
		Capitol office supplies				
_	Complete ONL V if direct	Condidate/Officeholder name Office cought Office hold				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	02/09/2023	Amazon Marketplace				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$106.76	410 Terry Avenue N				
		Seattle, WA 98109				
	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 Capitol office supplies				
		Capitor office supplies				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·				
	Date	Payee name				
	01/26/2023	Amazon Marketplace				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$132.28	410 Terry Avenue N				
	¥202.20	120 1011971101100 11				
		Seattle, WA 98109				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Capitol office supplies				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Opportunition to borrow O/O/I					
_						

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Political Committee Credit Card Payment Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:	2 FILER NAME	=				3	Filer ID	(Ethics Commission Filers	s)
_	Sch: 14/76 Rpt: 18/89		- ole D. (The Honorable)					00067957		-,
4	Date	5 Payee name								
	01/13/2023	Amazon Ma	arketplace							
6	Amount (\$)	7 Payee addre	ess; City; S	State; Zip Co	ode					
	\$32.46	410 Terry A	venue N							
		Seattle, WA	\ 98109							
8	PURPOSE OF		ee Categories listed at the top of the	his schedule)	(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expense			—		de of Texas. Comp officeholder living		
						Check if Austin, Officeholder				
							·uc	our nodoling	оаррноо	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sou	l Ight			Office he	eld	
	experialiture to benefit C/Oi	1								
	Date	Payee name								
	01/10/2023	Amazon Ma	arketplace							
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	ode					
	\$69.95	410 Terry A	venue N							
		Seattle, WA	\ 98109							
	PURPOSE	(a) Category (S	ee Categories listed at the top of the	his schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense			=		de of Texas. Com		
						Capitol office		officeholder living	expense	
						Capitol Office	Su	pplies		
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	ald.	
	expenditure to benefit C/O		consider name	011100 000	giit			Omoo ne		
-	Data	D								
	Date	Payee name								
	01/03/2023	Amazon Ma								
	Amount (\$)	Payee addre		State; Zip Co	ode					
	\$104.97	410 Terry A	venue N							
		Seattle, WA	N 98109							
	PURPOSE	(a) Category (S	ee Categories listed at the top of the	his schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expense			ш		de of Texas. Com		
								officeholder living	expense	
						Capitol office	ъu	hhiigs		
_	Commission ON 11 V 15 11	Consultation (C.)	in a haliday	O#: -	! '			Ott: 1	.la	
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ignt			Office he	eiu	

SCHEDULE F1

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	cal 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 Commit	ssion Filers)
	Sch: 15/76 Rpt: 19/89	Collier, Nicole D. (The Honorable) 00067957	
4	Date	5 Payee name	
	02/27/2023	American Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$75.00	4333 Amon Carter Blvd.	
		MD 5675	
		Fort Worth, TX 76155	
_	DUDDOCE	· · · · · · · · · · · · · · · · · · ·	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees	
		Bag fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Ol	DH .	
	Date	Payee name	
	02/24/2023	American Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$942.80	4333 Amon Carter Blvd.	
		MD 5675	
		Fort Worth, TX 76155	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description X Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Airfare to attend The White House Black	History
		Month Program	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Ol	DH	
	Date	Payee name	
	06/02/2023	Apple	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$38.20	1 Infinite Loop	
		Cupertino, CA 95014	
	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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Office subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Ol	חע	

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	plete	this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 16/76 Rpt: 20/89	Collier, Nicole D. (The Honorable)			00067957	
4	Date	5 Payee name				
	05/02/2023	Apple				
6	Amount (\$)	7 Payee address; City; State; Zip Code	Э			
	\$38.20	1 Infinite Loop				
		Cupertino, CA 95014				
8	PURPOSE OF	, -	o) De	escription Check if travel outside	e of Teyas Com	nlete Schedule T
	EXPENDITURE	Office Overhead/Rental Expense	E	Check if Austin, TX, o		
			0	ffice subscriptio	n	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	nt		Office he	eld
	experience to believe ever					
	Date	Payee name				
	04/03/2023	Apple				
	Amount (\$)	Payee address; City; State; Zip Code	Э			
	\$38.20	1 Infinite Loop				
		Cuparting CA 05014				
	DUDD 005	Cupertino, CA 95014				
	PURPOSE OF	,	ס) D∈	escription Check if travel outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	E	Check if Austin, TX, o		
			0	ffice subscriptio	n	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	nt		Office he	eld
	Date	Payee name				
	03/02/2023	Apple				
	Amount (\$) \$38.20	Payee address; City; State; Zip Code 1 Infinite Loop	Э			
	φ36.20	1 millite Loop				
		Cupertino, CA 95014				
	PURPOSE		3) D	escription		
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	, D	Check if travel outside	e of Texas. Com	plete Schedule T.
	EXPENDITURE	Omoc Ovornoud/Northal Expones		Check if Austin, TX, o		expense
			0	ffice subscriptio	n	
	Operation Chilly 2.	Open district (Office hall)			- · ·	.1.1
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	nt		Office he	eia
	•					

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 Salaries (Contract Labor,

1 Total pages Schedule F1: 2 FLER NAME Collier, Nicole D. (The Honorable) 4 Date 5 Payse name Apple 6 Amount (8) 7 Payse address; City; State; Zip Code 1 Infinite Loop OF CAPPENDITURE 8 PURPOSE OF EXPENDITURE (A) Catlegory (Sec Categories Isted at the log of this schedule) Office Subscription Office Overhead/Rental Expense 9 Complete QNLY if direct expenditure to benefit C/OH Date OF EXPENDITURE (A) Catlegory (Sec Categories Isted at the log of this schedule) Office Subscription 9 Complete QNLY if direct expenditure to benefit C/OH Date OF EXPENDITURE (A) Catlegory (Sec Categories Isted at the log of this schedule) Office Subscription 9 Complete QNLY if direct expenditure to benefit C/OH Date OF EXPENDITURE (A) Catlegory (Sec Categories Isted at the log of this schedule) Office Subscription (B) Description Office Held expenditure to benefit C/OH Date OF Complete QNLY if direct expenditure to benefit C/OH Date OF Complete QNLY if direct expenditure to benefit C/OH Date Office Overhead/Rental Expense Office Subscription Office Subscription Office Held expenditure to benefit C/OH Date Payse name Apple Complete QNLY if direct expenditure to benefit C/OH Date Payse address; City; State; Zip Code 1 Infinite Loop Candidate/Officeholder name Office sought Office subscription Office Payse address; City; State; Zip Code 1 Infinite Loop Complete QNLY if direct expenditure to benefit C/OH Office Overhead/Rental Expense Office Sought Office Subscription		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.			
Date OZ/02/2023 Payee name Apple Cupertino, CA 95014	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Amount (\$) 7 Payee address; City; State; Zip Code		Sch: 17/76 Rpt: 21/89	Collier, Nicole D. (The Honorable) 00067957			
Topic Payee address: City: State: Zip Code	4	Date	5 Payee name			
\$38.20 1 Infinite Loop Cupertino, CA 95014 8 PURPOSE OF EXPENDITURE (a) Category (see Categores listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if Austin, TX, officiended riving expense Office sought Office sought Office held Payee name 01/20/2023 Amount (\$) Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, CA 95014 PURPOSE OF EXPENDITURE (a) Category (see Categores listed at the top of this schedule) Office sought Office sought Office Sought Office held Office Sought Office held Office Sought Office held Office Halden, TX, officeholder for graphs of the schedule) Office Overhead/Rental Expense Office sought Office sought Office sought Office held Office Sought Office held Office Halden, TX, officeholder for graphs of the schedule) Office held		02/02/2023	Apple			
Cupertino, CA 95014 8	6	Amount (\$)	7 Payee address; City; State; Zip Code			
Complete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office subscription QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office subscription QNLY if direct expenditure to benefit C/OH Quality Qualit		\$38.20	1 Infinite Loop			
Complete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office subscription QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office subscription QNLY if direct expenditure to benefit C/OH Quality Qualit						
Office Overhead/Rental Expense			Cupertino, CA 95014			
Candidate/Officeholder name Office sought Office held	8		(a) Category (See Categories listed at the top of this schedule) (b) Description			
9 Complete ONLY if direct expenditure to benefit C/OH Date O1/20/2023 Apple Amount (\$) Payee name Apple Amount (\$) Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, CA 95014 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office sought Candidate/Officeholder name Office sought Office subscription Complete ONLY if direct expenditure to benefit C/OH Date O1/03/2023 Apple Amount (\$) Payee name Apple Apple Amount (\$) Payee name Apple Candidate/Officeholder name Office sought Office held Purpose Office Subscription Complete ONLY if direct expenditure to benefit C/OH Date O1/03/2023 Apple Amount (\$) Payee name Apple Apple Amount (\$) Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, CA 95014 Purpose Office Overhead/Rental Expense Office Subscription Office Overhead/Rental Expense Office Subscription			emice everneda/itental Expense			
9 Complete ONLY if direct expenditure to benefit C/OH Date			l			
Date O1/20/2023			Office subscription			
Date O1/20/2023	_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south			
Date 01/20/2023 Amount (\$) Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, CA 95014 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete QNLY if direct expenditure to benefit C/OH Payee name 01/03/2023 Amount (\$) Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, CA 95014 Purpose Office Sought Office sought Office held Payee name 01/03/2023 Amount (\$) Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, CA 95014 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Sought Office Sought Office Sought Office held (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense Office Subscription Complete QNLY if direct Office Overhead/Rental Expense Complete QNLY if direct Candidate/Officeholder name Office sought Office subscription	9					
Amount (\$)		•				
Amount (\$) Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, CA 95014 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct expenditure to benefit C/OH Date 01/03/2023 Amount (\$) Payee name Apple Amount (\$) Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, CA 95014 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Cipeck if Austin, TX, officeholder Inving expense Office subscription (b) Description Office held Office held (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Invited outside of Texas. Complete Schedule T. Check if Invited outside of Texas. Complete Schedule T. Check if Invited outside of Texas. Complete Schedule T. Check if Invited outside of Texas. Complete Schedule T. Check if Invited outside of Texas. Complete Schedule T. Check if Invited outside of Texas. Complete Schedule T. Check if Invited outside of Texas. Complete Schedule T. Check if Invited outside of Texas. Complete Schedule T. Check if Invited outside of Texas. Complete Schedule T. Check if Invited outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription		Date	Payee name			
\$38.96		01/20/2023	Apple			
Cupertino, CA 95014 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription Complete QNLY if direct expenditure to benefit C/OH Date O1/03/2023 Apple Amount (\$) Payee name Apple Amount (\$) Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, CA 95014 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Iving expense Office Subscription		Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription Complete ONLY if direct expenditure to benefit C/OH Date 01/03/2023 Apple Amount (\$) Payee address; City; State; Zip Code \$38.20 1 Infinite Loop Cupertino, CA 95014 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office overhead/Rental Expense (b) Description Check if Austin, TX, officeholder Iving expense Office subscription (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription Complete ONLY if direct Candidate/Officeholder name Office Sought Office held		\$38.96	1 Infinite Loop			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription Complete ONLY if direct expenditure to benefit C/OH Date 01/03/2023 Apple Amount (\$) Payee address; City; State; Zip Code \$38.20 1 Infinite Loop Cupertino, CA 95014 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office overhead/Rental Expense (b) Description Check if Austin, TX, officeholder Iving expense Office subscription (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription Complete ONLY if direct Candidate/Officeholder name Office Sought Office held						
Office Overhead/Rental Expense Office Overhead/Rental Expense Office Subscription Complete ONLY if direct expenditure to benefit C/OH Date 01/03/2023 Amount (\$) Payee address; City; State; Zip Code \$38.20 Purpose Office Subscription Purpose Office Overhead/Rental Expense (a) Category (See Categories listed at the top of this schedule) Office Subscription (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription (b) Description Check if Tavel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Cupertino, CA 95014			
Complete ONLY if direct expenditure to benefit C/OH Date O1/03/2023 Apple Amount (\$) Payee address; City; State; Zip Code Cupertino, CA 95014 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office subscription Office Sought Office held Office sought Office held Office held Office held (b) Description Check if Austin, TX, officeholder living expense Office subscription Office held Office subscription Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held			- (constrained in the cape of			
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Apple Amount (\$) Payee address; City; State; Zip Code Cupertino, CA 95014 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Subscription Complete ONLY if direct Candidate/Officeholder name Office Sought Office Subscription Office Sought Office held			Office Overficad/Nertial Experise			
Complete ONLY if direct expenditure to benefit C/OH Date						
Date 01/03/2023 Apple Amount (\$) Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, CA 95014 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Cinice Subscription			
Date 01/03/2023 Apple Amount (\$) Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, CA 95014 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held	_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
Apple Amount (\$) Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, CA 95014 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
Apple Amount (\$) Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, CA 95014 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held		D .				
Amount (\$) Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, CA 95014 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
\$38.20 1 Infinite Loop Cupertino, CA 95014 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held			• •			
Cupertino, CA 95014 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Complete ONLY if direct Candidate/Officeholder name Cupertino, CA 95014 (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$38.20	1 Infinite Loop			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
OF EXPENDITURE Office Overhead/Rental Expense Office Subscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Cupertino, CA 95014			
Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held			(a) Category (See Categories listed at the top of this schedule) (b) Description			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Office Overficad/Nertial Experise			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		ZA ZADITORZ				
			Office subscription			
	_	Operation ONE V. C. F.	On didn't lot for a series of the series of			

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 18/76 Rpt: 22/89	2 FILER NAME Collier, Nicole D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067957
4	Date	5 Payee name
	04/28/2023	Apple
6	Amount (\$) \$102.82	7 Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, CA 95014
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 Office supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2023	Ashton Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,206.90	101 Colorado Street
		Austin, TX 78701
	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 Officeholder lease
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/02/2023	Ashton Austin
	Amount (\$) \$4,065.84	Payee address; City; State; Zip Code 101 Colorado Street
		Austin, TX 78701
	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 Officeholder lease
	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 Com 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	
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 19/76 Rpt: 23/89	2 FILER NAME Collier, Nicole D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067957
4	Date	5 Payee name
	04/03/2023	Ashton Austin
6	Amount (\$) \$4,057.04	7 Payee address; City; State; Zip Code 101 Colorado Street Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Officeholder lease
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/01/2023	Ashton Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,052.97	101 Colorado Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZHOHOKZ	X Check if Austin, TX, officeholder living expense
		Officeholder lease
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/01/2023	Ashton Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,016.21	101 Colorado Street
		Austin, TX 78701
	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.
	-	X Check if Austin, TX, officeholder living expense
		Officeholder lease
_	Complete ONU V if allow :	Condidate/Officeholder name
	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 Cor 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	
_	Total pages Cab - dist - E4	
1	Total pages Schedule F1:	
	Sch: 20/76 Rpt: 24/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
L	01/18/2023	Ashton Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$102.42	101 Colorado Street
		Austin, TX 78701
8	PURPOSE	1
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	TX Check if Austin, TX, officeholder living expense
		Parking lease
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/03/2023	Ashton Austin
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,868.00	101 Colorado Street
L		Austin, TX 78701
	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.
		X Check if Austin, TX, officeholder living expense Officeholder lease
		Officeriolaer lease
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	•	
	Date	Payee name
	06/23/2023	Audible
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.18	One Washington Park
		Newark, NJ 07102
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	

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				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
_	Sch: 21/76 Rpt: 25/89	2 FILER NAME Collier, Nicole D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067957			
4	Date	5 Payee name			
	05/23/2023	Audible			
6	Amount (\$) \$16.18	7 Payee address; City; State; Zip Code One Washington Park			
		Newark, NJ 07102			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
	EXPENDITORE	Check if Austin, TX, officeholder living expense Office subscription			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	04/24/2023	Audible			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$16.18	One Washington Park			
		Newark, NJ 07102			
	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 Office subscription			
		Office subscription			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	03/23/2023	Audible			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$16.18	One Washington Park			
		Newark, NJ 07102			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		Office subscription			
L					
	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

Event Expense Loan repayment.
Fees Office Overhead/f
Food/Beverage Expense Polling Expense
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Magns/C

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

	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: 22/76 Rpt: 26/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	02/23/2023	Audible
6	Amount (\$) \$16.18	7 Payee address; City; State; Zip Code One Washington Park Newark, NJ 07102
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/23/2023	Audible
	Amount (\$) \$16.18	Payee address; City; State; Zip Code One Washington Park Newark, NJ 07102
	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 Office subscription
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/09/2023	Austin Proper Parking
	Amount (\$) \$27.06	Payee address; City; State; Zip Code 600 W 2nd Street
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking fee
	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 Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal 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: 23/76 Rpt: 27/89	Collier, Nicole D. (The Honorable) 00067957							
4	Date	5 Payee name							
	01/30/2023	Autobahn							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$1,676.51	100 Adrian Drive							
		Fort Worth, TX 76107							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Expense Check if Austin, TX, officeholder living expense							
		Expense Check if Austin, TX, officeholder living expense Auto expense - vehicle service							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	01/03/2023	Autobahn							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$960.88	100 Adrian Drive							
		Fort Worth, TX 76107							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Transportation Equipment & Related Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Auto expense - vehicle service							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	04/10/2023	Best Buy							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$270.61	869 NE Mall Boulevard							
		Hurst, TX 76053							
	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. X Check if Austin, TX, officeholder living expense							
		Capitol office TV							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							

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	I Committee	Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)		
1	Total pages Schedule F1:	2 FILER NAMI	<u> </u>				3	Filer ID	(Ethics Commission Filers)		
	Sch: 24/76 Rpt: 28/89	Collier, Nic	ole D. (The Honora	ble)				00067957			
4	Date	5 Payee name									
	03/15/2023	Best Buy									
6	Amount (\$)	7 Payee addre		State; Zip C	ode			<u></u>			
	\$811.86	869 NE Ma	ll Boulevard								
		Hurst, TX 7	6053								
8	PURPOSE OF		ee Categories listed at the to		(b)	Description					
	EXPENDITURE	Office Over	head/Rental Exper	nse		_		de of Texas. Com officeholder living			
						Capitol office			•		
9	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office so	ught			Office he	eld		
\vdash	Data										
	Date 03/13/2023	Payee name									
_		Best Buy	Oite ::	Chata: 75- 0	- d -						
	Amount (\$)	Payee addre		State; Zip C	oae						
	\$648.41	U SOS NE Ma	ll Boulevard								
		Hurst, TX 7	6053								
	PURPOSE OF		ee Categories listed at the to		(b)	Description					
	EXPENDITURE	Office Over	head/Rental Exper	nse		<u></u>		de of Texas. Com officeholder living			
			District office printer								
	Complete ONLY if direct		iceholder name	Office so	ught		Office held				
	expenditure to benefit C/O	<u>-</u>									
	Date	Payee name									
	02/13/2023	Bob's Stea	k Austin		_						
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode						
	\$98.13	301 Lavaca	Street								
		Austin , TX	78701								
	PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description					
	OF EXPENDITURE	Food/Beve	rage Expense					de of Texas. Com officeholder living			
						Dinner with le					
						2	٠.٠	2 2330	U		
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	ught			Office he	eld		
	expenditure to benefit C/O	4									

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

	Candidate/Officeholder/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: 25/76 Rpt: 29/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	04/24/2023	Buc-ee's
6	` ,	7 Payee address; City; State; Zip Code
	\$70.79	4155 N General Bruce Drive
		Temple, TX 76501
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Auto expense - fuel
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	04/17/2023	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.20	4155 N General Bruce Drive
		Temple, TX 76501
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Auto expense - fuel
		The companies of the co
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
_	Date	Payee name
	02/03/2023	Buc-ee's
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.16	4155 N General Bruce Drive
	φ00.10	4133 N General Bluce Drive
		Temple, TX 76501
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Auto expense - fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1: Sch: 26/76 Rpt: 30/89	FILER NAME Collier, Nicole D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00067957
4	Date 05/01/2023	5 Payee name CEFCO	
6	Amount (\$) \$63.70	7 Payee address; City; State; Zip Code 1212 W Central Avenue	
8	PURPOSE OF EXPENDITURE	Temple, TX 76504 (a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Auto expense - fuel
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 03/24/2023	Payee name CEFCO	
	Amount (\$) \$64.64	Payee address; City; State; Zip Code 1212 W Central Avenue	
		Temple, TX 76504	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Auto expense - fuel
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 06/21/2023	Payee name CVS Puerto Rico	
	Amount (\$) \$57.20	Payee address; City; State; Zip Code 8030 Jose Tartak Avenue	
		Carolina Carolina 00979 Puerto Rico	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	Description X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies while attending the National Organization of Black Elected Legislative Women conference
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	t Office held

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	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 27/76 Rpt: 31/89	Collier, Nicole D. (The Honorable) 00067957							
4	Date	Payee name							
	06/06/2023	Canva							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$119.99	75 East Santa Clara Street							
		San Jose, CA 95113							
8	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							
		Office software							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	05/30/2023	Capitol Gift Shop							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$600.79	1400 Congress Avenue							
		Suite E1.006							
		Austin, TX 78701							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Capitol office intern gifts							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	03/03/2023	Capitol Gift Shop							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$153.72	1400 Congress Avenue							
		Suite E1.006							
		Austin, TX 78701							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Cift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Constituent gifts							
L									
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	experiulture to beliefft C/OI	1							

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

nt Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 28/76 Rpt: 32/89	2 FILER NAME Collier, Nicole D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067957
4	Date 01/26/2023	5 Payee name Capitol Gift Shop
	Amount (\$) \$86.80	7 Payee address; City; State; Zip Code 1400 Congress Avenue Suite E1.006 Austin, TX 78701
8	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Constituent gifts
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/23/2023	Payee name Capitol Grill
	Amount (\$) \$20.48	Payee address; City; State; Zip Code 1400 Congress Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Capitol office food
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/14/2023	Payee name Capitol Grill
	Amount (\$) \$13.39	Payee address; City; State; Zip Code 1400 Congress
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Capitol office beverages
	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	Total pages Schedule F1:	
	Sch: 29/76 Rpt: 33/89	Collier, Nicole D. (The Honorable) 00067957
4 [Date	5 Payee name
C	06/02/2023	Charter Furniture Rental
6 A	Amount (\$)	7 Payee address; City; State; Zip Code
	\$302.34	15101 Midway Rd
		Dallas, TX 75001
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	X Check if Austin, TX, officeholder living expense
		Officeholder furniture rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
€	expenditure to benefit C/OI	1
	Date	Payee name
C	05/02/2023	Charter Furniture Rental
P	Amount (\$)	Payee address; City; State; Zip Code
	\$302.34	15101 Midway Rd
		Dallas, TX 75001
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Officeholder furniture rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/03/2023	Charter Furniture Rental
	Amount (\$)	Payee address; City; State; Zip Code
′	\$302.34	
	Φ3∪∠.34	15101 Midway Rd
		Dallas, TX 75001
	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.
	- 	X Check if Austin, TX, officeholder living expense Officeholder furniture lease
		Officeriolaer furfilture lease
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	complete <u>ONLY</u> II direct 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide expl		Vages	/Contract Labor		OTHER (enter a	category not listed above)		
1	Total pages Schedule F1:	2 FILER NAMI	<u> </u>				3	Filer ID	(Ethics Commission Filers))	
_	Sch: 30/76 Rpt: 34/89	l	ole D. (The Honorable)					00067957	(
4	Date	5 Payee name									
	03/02/2023		rniture Rental								
6	Amount (\$)	7 Payee addre	ess; City; S	State; Zip Co	ode						
	\$302.34	15101 Mid\	vay Rd								
		Dallas, TX	75001								
8	PURPOSE	(a) Category (S	see Categories listed at the top of th	nis schedule)	(b)	Description					
	OF EXPENDITURE	Office Over	rhead/Rental Expense			ш		de of Texas. Com			
						Check if Austin, Officeholder f		officeholder living	expense		
						Onicendider i	un	illure lease			
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıaht			Office he	ald.		
ľ	expenditure to benefit C/O		icentification frame	Office 30c	igiit			Office fie			
	Date	Payee name								_	
	02/02/2023	Charter Fu	rniture Rental								
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	ode						
	\$604.68	15101 Mid\	way Rd								
			•								
		Dallas, TX	75001								
	PURPOSE OF	(a) Category (S	see Categories listed at the top of th	nis schedule)	(b)	Description					
	EXPENDITURE	Office Over	head/Rental Expense			—		de of Texas. Comp			
						X Check if Austin, TX, officeholder living expense Officeholder furniture rental					
						Officeriolaci	un	illare reritar			
Н	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ıght			Office he	eld		
	expenditure to benefit C/OI	Η									
	Date	Payee name	!								
	06/08/2023	Chase Auto	Finance								
	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	ode						
	\$839.00	14800 Frye	Road								
		Fort Worth,	TX 76155								
	PURPOSE OF		see Categories listed at the top of th		(b)	Description					
	EXPENDITURE		tion Equipment & Relate	ed		ш		de of Texas. Comp officeholder living			
		Expense				Officeholder a		_	expense		
						Cincendide (aut	o icuse			
-	Complete ONLY if direct	L Candidate/Off	iceholder name	Office sou	l ight			Office he	eld	_	
	expenditure to benefit C/OI		-		J -						
										_	
l											

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/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: 31/76 Rpt: 35/89	Collier, Nicole D. (The Honorable) 00067957		
4	Date	5 Payee name		
	05/02/2023	Chase Auto Finance		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$838.00	14800 Frye Road		
		Fort Worth, TX 76155		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.		
		Expense		
		Officeriolder auto lease		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
9	expenditure to benefit C/O			
_	Date	David and the second se		
	03/24/2023	Payee name		
		Chase Auto Finance		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$838.26	14800 Frye Road		
		Fort Worth, TX 76155		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.		
		Expense		
Officeriolider auto lease				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
-	Date	Payee name		
	03/01/2023	Chase Auto Finance		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$838.26	14800 Frye Road		
		Fort Worth, TX 76155		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Transportation Equipment & Related		
		Expense Check if Austin, TX, officeholder living expense Officeholder auto lease		
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
L				

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 Expe Legal Services The Instruction Guide	ense P S	-	se s/Contract Labor	Tr	ravel in District ravel Out of Dis THER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FILER NAM	1E				3 Fi	iler ID	(Ethics Commission File	ers)
	Sch: 32/76 Rpt: 36/89	Collier, Nic	cole D. (The Honoral	ble)			00	0067957		
4	Date	5 Payee name	e							
	03/20/2023	Chevron F								
6	Amount (\$)	7 Payee addr	ess; City;	State: 2	Zip Code					
	\$71.52	_	gewood Drive	,						
			-							
		Fort Worth	n, TX 76112							
8	PURPOSE		See Categories listed at the to	p of this schedu	ıle) (b)	Description				
	OF EXPENDITURE	Travel In E	District			Check if travel of Check if Austin			plete Schedule T.	
						Auto expense			Contract	
9	Complete ONLY if direct expenditure to benefit C/O		fficeholder name	Offi	ice sought			Office he	eld	
	experience to belieff C/Of	·								
	Date	Payee nam								
L	02/08/2023	City Park \	√alet							
	Amount (\$)	Payee addr		State;	Zip Code					
	\$15.60	800 6th Street W								
L		Austin, TX	78703							
	PURPOSE OF		See Categories listed at the to		ıle) (b)	Description				
OF EXPENDITURE		Transportation Equipment & Related				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Expense				Parking fee	.,, UII		,	
						-				
	Complete ONLY if direct		fficeholder name	Offi	ice sought			Office he	eld	
	expenditure to benefit C/O	1								
	Date	Payee nam	e							
	06/02/2023	City of Aus	stin Utilities							
	Amount (\$)	Payee address; City; State; Zip Code								
	\$398.10	PO Box 22	267							
		Austin, TX 78783								
	PURPOSE OF		See Categories listed at the to		(b)	Description				
	OF EXPENDITURE	Office Ove	erhead/Rental Expen	ise		=			plete Schedule T.	
						Officeholder			l evhelise	
	Complete ONLY if direct	Candidate/Ot	fficeholder name	Offi	ice sought			Office he	eld	
	expenditure to benefit C/O									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal 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: 33/76 Rpt: 37/89	Collier, Nicole D. (The Honorable) 00067957							
4	Date	Payee name							
	01/09/2023	City of Austin Utilities							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$254.00	PO Box 2267							
		Austin, TX 78783							
8	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							
		Officeholder utilities							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
_	Date	Payee name							
	03/27/2023	College Town Renaissance Center							
_	Amount (\$)	Payee address; City; State; Zip Code							
	\$210.60	1209 W Abram Street							
	ΨΖΙΟ.ΟΟ	1209 W Abram Sueet							
		Arlington, TX 76013							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Gift/Awards/Memorials Expense							
	EXPENDITORE	Check if Austin, TX, officeholder living expense							
		Constituent gifts							
_	C. L. Chilly if divers								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	·								
	Date	Payee name							
	06/12/2023	Constant Contact							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$101.27	1601 Trapelo Road							
		Waltham, MA 02451							
	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 Email service							
		Email Service							
	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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	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: 34/76 Rpt: 38/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	05/12/2023	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$101.27	1601 Trapelo Road
		Waltham, MA 02451
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.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Email service
_	Operation ONLY if dispose	One districts (Office health are reserved.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	04/12/2023	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$101.27	1601 Trapelo Road
		Waltham, MA 02451
	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
		Email service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/13/2023	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$101.27	1601 Trapelo Road
	, -	
		Waltham, MA 02451
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Email service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefft C/OI	1

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

	Candidate/Officeholder/Politica Credit Card Payment	d 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: 35/76 Rpt: 39/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	02/13/2023	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$101.27	1601 Trapelo Road
		Waltham, MA 02451
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
		Email service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	н
Г	Date	Payee name
	01/13/2023	Constant Contact
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$101.27	1601 Trapelo Road
		Waltham, MA 02451
	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 Email service
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/23/2023	Corinth Baptist Church
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2704 Ennis Avenue
		Fort Worth, TX 76111
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Building fund donation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 36/76 Rpt: 40/89 Collier, Nicole D. (The Honorable) 00067957 4 Date Payee name 02/08/2023 **Dan Dipert Coaches** 6 Amount (\$) Payee address; State; Zip Code 7301 W Pioneer Parkway \$2,530.00 Arlington, TX 76013 8 **PURPOSE** (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 Transportation for HD95 Day at the Capitol Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/26/2023 DoorDash Amount (\$) Payee address; City; State; Zip Code \$120.85 303 2nd Street Suite 800 San Francisco, TX 94107 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Capitol office food Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/16/2023 DoorDash Amount (\$) Payee address: City; State; Zip Code 303 2nd Street \$54.77 Suite 800 San Francisco, TX 94107 **PURPOSE** (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 District office food 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

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/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAM					3	Filer ID	(Ethics Commission Filers)
	Sch: 37/76 Rpt: 41/89	Collier, Nic	ole D. (The Honora	ıble)				00067957	
4	Date	5 Payee name							
	06/15/2023	DoorDash							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode				
	\$25.01	303 2nd St	reet						
		Suite 800							
		San Franci	sco, TX 94107						
8	PURPOSE		ee Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	rage Expense			므			plete Schedule T.
						District office		officeholder living	g expense
						District office	100	, a	
9	Complete ONLY if direct		iceholder name	Office so	<u>I</u> ught			Office he	eld
	expenditure to benefit C/OI	H							
	Date	Payee name							
	06/13/2023	DoorDash							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$44.53	303 2nd St	reet						
		Suite 800							
		San Franci	sco, TX 94107						
	PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	rage Expense			=			plete Schedule T.
						District office		officeholder living	g expense
						District office	100	Ju	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u> </u>			Office he	eld
	expenditure to benefit C/OI	H							
	Date	Payee name							
L	06/12/2023	DoorDash							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode				
	\$15.95	303 2nd St	reet						
		Suite 800							
		San Franci	sco, TX 94107						
	PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beve	rage Expense						plete Schedule T.
						District office		officeholder living	g expense
						PISHICE DILICE	IUC	Ju	
	Complete ONLY if direct	L Candidate/Off	iceholder name	Office so	<u>l</u> ught			Office he	eld
	expenditure to benefit C/O	H							

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/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: 38/76 Rpt: 42/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	06/09/2023	DoorDash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.68	303 2nd Street
		Suite 800
		San Francisco, TX 94107
8	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 Constituent meal
		Constituent medi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г	Date	Payee name
	06/08/2023	DoorDash
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.21	303 2nd Street
		Suite 800
		San Francisco, TX 94107
	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 District office food
		District office food
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/07/2023	DoorDash
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.84	303 2nd Street
		Suite 800
		San Francisco, TX 94107
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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		District office food
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment		The Instruction Guide explains how to c	omple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 39/76 Rpt: 43/89		Collier, Nicole D. (The Honorable)		00067957
4	Date	5	Payee name		
	06/06/2023		DoorDash		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$34.62		303 2nd Street		
			Suite 800		
			San Francisco, TX 94107		
8	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 District office food
					District office food
9	Complete ONLY if direct		Candidate/Officeholder name Office so	<u>l</u> ught	t Office held
	expenditure to benefit C/O	Н		J	
	Date		Payee name		
	05/31/2023		DoorDash		
	Amount (\$)	H	Payee address; City; State; Zip C	ode	
	\$52.27		303 2nd Street		
			Suite 800		
			San Francisco, TX 94107		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(h)) Description
	OF	(")	Food/Beverage Expense	(")	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Toda/Bovorago Expondo		Check if Austin, TX, officeholder living expense
					Capitol office food
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ught	t Office held
	Date		Payee name		
	05/30/2023		DoorDash		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$98.80		303 2nd Street		
			Suite 800		
			San Francisco, TX 94107		
	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 Capitol office food
					Capitor office room
_	Complete ONLY if direct	Щ,	Candidate/Officeholder name Office so	<u>l</u> ught	t Office held
	expenditure to benefit C/O			J	
ı					

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Ex
Contributions/ Donations Made By - Gift/Awards/Memo

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 40/76 Rpt: 44/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	05/24/2023	DoorDash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.67	303 2nd Street
		Suite 800
		San Francisco, TX 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Capitol office food
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
H	Date	Payee name
	05/19/2023	DoorDash
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.00	303 2nd Street
	Ψ04.00	Suite 800
		San Francisco, TX 94107
	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
		Capitol office food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/18/2023	DoorDash
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.59	303 2nd Street
		Suite 800
		San Francisco, TX 94107
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Capitol office food
	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 Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		/ages	/Contract Labor		OTHER (enter	a category not listed at	oove)
				The Instruction C	Suide explains h	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 41/76 Rpt: 45/89		Collier, Nico	le D. (The Hor	norable)					00067957		
4	Date	5	Payee name									
	05/15/2023		DoorDash									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$82.16		303 2nd Stre	eet								
			Suite 800									
			San Francis	co, TX 94107								
8	PURPOSE	(2)					(h)	Description				
ľ	OF	(a)		e Categories listed at	the top of this sche	edule)	(D)	Description Check if travel of	outsi	de of Texas. Co	nplete Schedule T.	
	EXPENDITURE		F00d/Dever	age Expense				=		officeholder livir		
								Capitol office	foc	od		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	С	Office sou	ght			Office h	neld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	05/11/2023		DoorDash									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$33.49		303 2nd Stre	eet								
			Suite 800									
			San Francis	co, TX 94107								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bevera	age Expense				=			mplete Schedule T.	
								Capitol office		officeholder livir	ig expense	
								Capitol Office	100	Ju		
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	aht			Office h	neld	
	expenditure to benefit C/O		Janara actor of the	onolder name		moo oou	9			0111001	1010	
	Date		Payee name									
	05/08/2023		DoorDash									
	Amount (\$)	\vdash	Payee addres	ss; City;	Stato:	Zip Co	de					
	\$115.48		303 2nd Stre	-	Siale,	Zip Co	ue					
	Ψ113.40			SCI								
			Suite 800									
			San Francis	co, TX 94107								
	PURPOSE OF	(a)		e Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense						officeholder livir	mplete Schedule T.	
								Capitol office			ig experise	
								3 - 1-1-10 · 3 · 1100		- 		
	Complete ONLY if direct		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	neld	
	expenditure to benefit C/OI						J -					
l												

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/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: 42/76 Rpt: 46/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	05/09/2023	DoorDash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$224.08	303 2nd Street
		Suite 800
		San Francisco, TX 94107
8	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.
		Capitol office food
		Capitor office rood
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/05/2023	DoorDash
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.04	303 2nd Street
		Suite 800
		San Francisco, TX 94107
	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
		Capitol office food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/01/2023	DoorDash
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.88	303 2nd Street
		Suite 800
		San Francisco, TX 94107
	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.
		Capital office food
		Capitol office food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Servi	ces Salaries uction Guide explains how to c	/Wages	/Contract Labor		OTHER (enter a	category not listed above)		
_	Tatal as a second of the Education		addidit Guide explains from to t	ompie	1	_	E:1 ID	(Ethias Camarianian F	-:1	
1	Total pages Schedule F1: Sch: 43/76 Rpt: 47/89	2 FILER NAME Collier, Nicole D. (TI	ne Honorable)			3	Filer ID 00067957	(Ethics Commission F	-liers)	
_	•	•					00001931			
4	Date 04/25/2023	Payee name DoorDash								
Ļ										
6	Amount (\$)		ity; State; Zip C	code						
	\$41.21	303 2nd Street								
		Suite 800								
		San Francisco, TX 9	94107							
8	PURPOSE OF		s listed at the top of this schedule)	(b)	Description					
	EXPENDITURE	Food/Beverage Exp	ense				de of Texas. Com officeholder living	plete Schedule T.		
					Capitol office			, ,		
9	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder	name Office so	ought			Office he	eld		
_	Data									
	Date	Payee name								
	04/21/2023	DoorDash								
	Amount (\$)	•	ity; State; Zip C	ode						
	\$51.60	303 2nd Street								
		Suite 800								
		San Francisco, TX 9								
	PURPOSE OF		s listed at the top of this schedule)	(b)	Description	outoi	do of Toyon Com	iplete Schedule T.		
	EXPENDITURE	Food/Beverage Exp	ense		=		officeholder living			
					District office	foc	od			
	Complete ONLY if direct	Candidate/Officeholder	name Office so	ught			Office he	eld		
	expenditure to benefit C/O									
	Date	Payee name								
	04/17/2023	DoorDash								
	Amount (\$)	Payee address; C	ity; State; Zip C	ode						
	\$50.48	303 2nd Street								
		Suite 800								
		San Francisco, TX 9	94107							
	PURPOSE	(a) Category (See Categorie	s listed at the top of this schedule)	(b)	Description					
	OF EXPENDITURE	Food/Beverage Exp	ense		ш			plete Schedule T.		
					Capitol office		officeholder living	g expense		
					Capitol Unice	100	Ju			
_	Complete ONLY if direct	Candidate/Officeholder	name Office so	llaht			Office he	eld.		
	expenditure to benefit C/O	Salididato, Olifotholdol	5 Omoc 30	agiit			Omoc III	···		
Ec:	me provided by Texas F	nios Commission	www ethics state tv	110				Version V2 5 1 21	900200	

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 44/76 Rpt: 48/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	04/13/2023	DoorDash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$71.49	303 2nd Street
		Suite 800
		San Francisco, TX 94107
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Capitol office food
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oi	1
	Date	Payee name
	04/11/2023	DoorDash
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.93	303 2nd Street
		Suite 800
		San Francisco, TX 94107
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Capitol office food
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/10/2023	DoorDash
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.35	303 2nd Street
		Suite 800
		San Francisco, TX 94107
	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
		Capitol office food
	Operation ONE V. C. P.	Operation (Office and Indiana
	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 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Legal Services	morials Expense ion Guide explains		Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abo	ove)
1	Total nagge Schodule F1:	2		•				3	Filer ID	(Ethics Commissi	on Eilare\
	Total pages Schedule F1: Sch: 45/76 Rpt: 49/89		Collier, Nicole D. (The	Honorable)			Ì	<u>.</u>	00067957	(Eurica Commissi	on i licis)
4	Date	5	Payee name								
	03/31/2023		DoorDash								
6	Amount (\$)	7	Payee address; City	State	e; Zip Co	de					
	\$71.03		303 2nd Street								
			Suite 800								
			San Francisco, TX 94	L07							
8	PURPOSE	(a)	Category (See Categories lis	ted at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Exper							plete Schedule T.	
							_		officeholder living	j expense	
							Capitol office f	IUC	Ju		
_	Complete ONLY if direct	<u> </u>	Candidate/Office halder ==		Office	abt			Office	old.	
9	expenditure to benefit C/O		Candidate/Officeholder na	me	Office sou	gnı			Office he	eid	
	Date		Payee name								
	03/27/2023		DoorDash								
	Amount (\$)		Payee address; City	State	e; Zip Co	de					
	\$184.27		303 2nd Street								
			Suite 800								
			San Francisco, TX 94	L07							
	PURPOSE OF	(a)	Category (See Categories lis	ted at the top of this so	chedule)	(b)	Description				
	EXPENDITURE		Food/Beverage Exper	se			=		de of Texas. Com officeholder living	plete Schedule T.	
							District office f			ускрепас	
							2.0101 000 .				
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder na	me	Office sou	ght			Office he	eld	
-	Date	Π	Payee name								
	03/24/2023		DoorDash								
	Amount (\$)	\vdash	Payee address; City	Ctat.	e; Zip Co	nde					
	\$147.20		303 2nd Street	Siai	.c, 21p C0	uc					
	Ψ141.20		Suite 800								
				107							
			San Francisco, TX 94	LU /							
	PURPOSE OF	(a)	Category (See Categories lis		chedule)	(b)	Description		do of T C	wlote Coltania =	
	EXPENDITURE		Food/Beverage Exper	se			ш		officeholder living	plete Schedule T.	
							Capitol office f		-	, ехренее	
	Complete ONLY if direct		Candidate/Officeholder na	me	Office sou	ght			Office he	eld	
	expenditure to benefit C/O	Н									

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 Committe

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/76 Rpt: 50/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	03/21/2023	DoorDash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.73	303 2nd Street
		Suite 800
		San Francisco, TX 94107
8	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 District office food
		District office food
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/17/2023	DoorDash
	Amount (\$)	Payee address; City; State; Zip Code
	\$103.46	303 2nd Street
		Suite 800
		San Francisco, TX 94107
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Capitol office food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
_	Data	
	Date 03/13/2023	Payee name DoorDash
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.05	303 2nd Street
		Suite 800
		San Francisco, TX 94107
	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
		District office food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 47/76 Rpt: 51/89	Collier, Nicole D. (The Honorable)	
4	Date	5 Payee name	
	03/02/2023	DoorDash	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$66.70	303 2nd Street	
		Suite 800	
		San Francisco, TX 94107	
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	
		Capitol office food	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
_	Date	Payee name	_
	03/01/2023	DoorDash	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$39.98	303 2nd Street	
	, , , ,	Suite 800	
		San Francisco, TX 94107	
	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	
		District office food	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/16/2023	DoorDash	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$63.54	303 2nd Street	
		Suite 800	
		San Francisco, TX 94107	
	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	
		Capitol office food	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	H	

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 Salarise Wagnes/Contract Labor

	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: 48/76 Rpt: 52/89	Collier, Nicole D. (The Honorable)
4	Date	5 Payee name
	03/06/2023	DoorDash
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.84	303 2nd Street
		Suite 800
		San Francisco, TX 94107
8	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Capitol office food
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/15/2023	DoorDash
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.29	303 2nd Street
		Suite 800
		San Francisco, TX 94107
	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.
		Capitol office food
		Capitor office food
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	l
	Date	Payee name
	06/08/2023	Double Good Popcorn
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.83	16W030 83rd Street
		Burr Ridge, IL 60527
	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
		Bondain to condition over
_	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 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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 49/76 Rpt: 53/89	Collier, Nicole D. (The Honorable) Collier of the Honorable of the Honora
4	Date	5 Payee name
	05/08/2023	Double Good Popcorn
6	Amount (\$) \$32.95	7 Payee address; City; State; Zip Code 16W030 83rd Street Burr Ridge, IL 60527
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 Constituent gift
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/13/2023	Edward & Patterson
	Amount (\$) \$129.64	Payee address; City; State; Zip Code 203 S Beltline
		Irving, TX 75060
	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 magnets
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/02/2023	Extra Locksmith Fort Worth
	Amount (\$) \$165.00	Payee address; City; State; Zip Code 911 N Sylvania Avenue Suite 180
		Fort Worth, TX 76111
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Locksmith services
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

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
Gitt/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wangs/Contract Labor

	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: 50/76 Rpt: 54/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	06/16/2023	Extra Space Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	6750 Mandy Lane
		Fort Worth, TX 76112
8	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
		Campaign storage unit
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/16/2023	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	6750 Mandy Lane
		Fort Worth, TX 76112
	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 Campaign storage unit
		Sampanga at ang a ma
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/17/2023	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$247.00	6750 Mandy Lane
		Fort Worth, TX 76112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Campaign storage unit
		Campaign storage unit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

rertising Expense Event Expense Event Expense Loan Repayment/Reimbur

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		,
1	Total pages Schedule F1: Sch: 51/76 Rpt: 55/89	2 FILER NAME Collier, Nicole D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067957
ļ.,	•	
4	Date	5 Payee name
	03/16/2023	Extra Space Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$247.00	6750 Mandy Lane
	, , , , , , , , , , , , , , , , , , , ,	
		Fort Worth, TX 76112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign storage unit
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	02/16/2023	Extra Space Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$247.00	6750 Mandy Lane
		Fort Worth TV 76112
		Fort Worth, TX 76112
	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
		Campaign storage unit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/17/2023	Extra Space Storage
<u> </u>		
	Amount (\$)	Payee address; City; State; Zip Code
	\$247.00	6750 Mandy Lane
		Fort Worth, TX 76112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign storage unit
	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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 52/76 Rpt: 56/89	2 FILER NAME Collier, Nicole D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067957	_
4	Date 04/10/2023	5 Payee name Exxon Tiger Mart	
6	Amount (\$) \$82.16	7 Payee address; City; State; Zip Code 135 S Mclennan Drive Elm Mott, TX 76640	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Auto expense - fuel	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 06/23/2023	Payee name Fairmont Hotel	
	Amount (\$) \$110.38	Payee address; City; State; Zip Code 6063 Avenida Isla Verde Carolina Carolina 00979 Puerto Rico	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for the National Organization of Black Elected Legislative Women Conference	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 02/24/2023	Payee name First Class Transportation	
	Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 12703 Eastex Freeway	
		Houston, TX 77039	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation for Prairie View A&M Band for First Saint John Cathedral Black History Month Program	
	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/Officeholder/Politica Credit Card Payment	Al 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: 53/76 Rpt: 57/89	Collier, Nicole D. (The Honorable) 00067957
4 Date	5 Payee name
02/02/2023	Geraldine's
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$236.93	605 Davis Street
	Austin, TX 78701
8 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
	Dinner with legislative colleagues
	Diffici with regislative concagues
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	the state of the s
Date	Payee name
06/01/2023	Googlesuite
Amount (\$)	Payee address; City; State; Zip Code
\$19.19	1600 Amphitheatre Parkway
	Mountain View, CA 94043
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
	Website subscription
	Woodle dasconplicit
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
<u> </u>	T _
Date	Payee name
05/01/2023	Googlesuite
Amount (\$)	Payee address; City; State; Zip Code
\$19.19	1600 Amphitheatre Parkway
	Mountain View, CA 94043
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
	Website subscription
Complete CAU V if all a - 4	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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	
_	Tatal manage October 11 51	
1	Total pages Schedule F1: Sch: 54/76 Rpt: 58/89	2 FILER NAME Collier, Nicole D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067957
Ļ	•	,
4	Date	5 Payee name
L	04/03/2023	Googlesuite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Parkway
		Mountain Vious CA 04042
		Mountain View, CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Website subscription
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiorare to benefit C/OI	
	Date	Payee name
	03/01/2023	Googlesuite
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$19.19	
	\$19.19	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Website service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/01/2023	Googlesuite
<u> </u>		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Website service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	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: 55/76 Rpt: 59/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	01/03/2023	Googlesuite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.19	1600 Amphitheatre Parkway
		Mountain View, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Website service
		Website service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Payeo namo
	03/06/2023	Payee name Grubhub
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.10	111 W Washington Street
		Suite 2100
		Chicago, IL 60602
	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
		Beverage
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David and the second se
	Date	Payee name
	02/27/2023	Harvey Avenue Baptist Church
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1257 E Harvey Avenue
		Fort Worth, TX 76104
	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 for black history Frogram
	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 Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit 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	
_	T	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 56/76 Rpt: 60/89	2 FILER NAME Collier, Nicole D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067957
4	Date	5 Payee name
	04/06/2023	Hill Country Springs
6	Amount (\$) \$133.45	7 Payee address; City; State; Zip Code 10019 S IH 35 Frontage Road Austin, TX 78747
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Capitol office beverage
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/27/2023	Hilton Garden Inn
	Amount (\$)	Payee address; City; State; Zip Code
	\$231.38	500 N Interstate 35
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		District staff hotel
		District start note:
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	06/28/2023	Hope Farm Fort Worth
	Amount (\$)	Payee address; City; State; Zip Code
	\$257.77	865 E Ramsey Avenue
		Fort Worth, TX 76104
	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.
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Donation
	Operation Objects "	Openhidate (Office health are no new 2011)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Emportante to benefit 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

/Reimbursement
Rental Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Ontract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel Out of District
OTHER (enter a category not listed above)

		The Instruction Guide explains how to con	mple	ete this form.
1	Total pages Schedule F1: Sch: 57/76 Rpt: 61/89			3 Filer ID (Ethics Commission Filers) 00067957
4	Date	Collier, Nicole D. (The Honorable)		00067957
4	02/02/2023	5 Payee name Hotel Van Zandt		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$12.99	605 Davis Street		
		Austin, TX 78701		
8	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment & Related Expense		Check if Austin, TX, officeholder living expense
		·		Parking fee
_	0 1 2 0 1 1 0 1 1 1 1			0.5
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug H	gnt	Office held
	Date	Payee name		
	03/27/2023	It's Going to Be Okay		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$500.00	4232 S Westmoreland Road		
		Dallas, TX 75233		
	PURPOSE OF	(consistence and the constitution)	(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
				Donation
	0 1 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0			05
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office souç H	ght	Office held
	Date	Payee name		
	03/13/2023	Kroger		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$59.10	3120 South University Dr		
		Fort Worth, TX 76109		
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense
				Auto expense - fuel
	Complete ONLY if direct	Candidate/Officeholder name Office soug	aht	Office held
	expenditure to benefit C/O		yııı	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 58/76 Rpt: 62/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	02/23/2023	LAZ Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.81	811 Trinity Street
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Fxpense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Parking fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	01/13/2023	Legislative Study Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 12943 Capitol Station
		Austin, TX 78701
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Membership fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o
	Date	Payee name
	06/01/2023	Love's Travel Stop
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.32	1501 Corsicana Hwy
	,,,,,	
		Hillsboro, TX 76645
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Auto expense - fuel
	0 1. 0	
	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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica		mmittee	Legal Services	s Expense	Salaries/V		e /Contract Labor		OTHER (enter a	strict category not liste	d above)
	Credit Card Payment			The Instruction G	uide explains h	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comr	nission Filers)
	Sch: 59/76 Rpt: 63/89		Collier, Nico	ole D. (The Hon	orable)					00067957		
4	Date	5	Payee name					•				
	06/21/2023		Lupi's									
6	Amount (\$)	7	Payee addres	ss; City;	State:	Zip Co	de					
	\$45.48		6369 Isla Ve	erde Avenue	·	·						
			Carolina Ca	rolina 00979 Pı	uerto Rico							
8	PURPOSE	(a)					(h)	Description				
٠	OF	(")	Travel Out (ee Categories listed at t	the top of this sche	dule)	(5)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		naver out (District						officeholder living		
								Meal while at				
								Black Elected	l Le	egislative W	omen confe	rence
9	Complete ONLY if direct		Candidate/Offi	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
	Date		Payee name									
	02/21/2023		Lyft Austin									
	Amount (\$)	T	Payee addres	ss; City;	State;	Zip Co	de					
	\$22.79		1021 E. 7th	Street								
			#102									
			Austin, TX 7	78702								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the ton of this sche	dule)	(b)	Description				
	OF EXPENDITURE			ion Equipment				Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE		Expense					ш	, TX,	officeholder living	g expense	
								Rideshare				
	Commists ONII V if direct	<u>L</u>				e:				Office le	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offi	ceholder name	Oi	ffice sou	gnt			Office h	ela	
		_										
	Date		Payee name									
	02/17/2023		Lyft Austin									
	Amount (\$)		Payee addres	•	State;	Zip Co	de					
	\$21.90		1021 E. 7th	Street								
			#102									
			Austin, TX	78702								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sched	dule)	(b)	Description				
	OF EXPENDITURE			ion Equipment	& Related					de of Texas. Com officeholder living	plete Schedule T.	
			Expense					Rideshare	, IA,	onicendider living	j expense	
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Of	ffice sou	aht			Office he	eld	
	expenditure to benefit C/O		_ 3		OI	500	9,11			Ooc 11		

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor		Gift/Awards/Memoria Legal Services The Instruction (·		/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
_	Total manage Culturalists Ed.	<u> </u>	EILED MANAS					1	_	Files ID	(Ethica Commission Ellers)
	Total pages Schedule F1:	ı			la la N				3		(Ethics Commission Filers)
	Sch: 60/76 Rpt: 64/89	$ldsymbol{f eta}$	Collier, NICC	le D. (The Hor	іогаріе)				L	00067957	
4	Date	5	Payee name								
	02/16/2023		Lyft Austin								
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de				
	\$21.00		1021 E. 7th	Street							
			#102								
		l	Austin, TX 7	8702							
_	DUDDOG	⊢					<i>a</i> :				
8	PURPOSE OF			e Categories listed at		hedule)	(b)	Description	auto!	do of Toyan C	nloto Schodulo T
	EXPENDITURE		-	on Equipment	& Related			=		de of Texas. Com officeholder living	plete Schedule T.
			Expense					Rideshare	, ,	zoooidoi iiviii(,
9	Complete ONLY if direct		`andidate/Offi	ceholder name		Office sou	nht			Office he	əld
9	expenditure to benefit C/OF		Januruale/UIII	choluel Hälfle	(ome sou(Aill			Onice N	oru
<u> </u>	·	_							_		
	Date		Payee name								
L	03/10/2023	L	Lyft Austin				_		_		
	Amount (\$)	Γ	Payee addres	ss; City;	State	; Zip Co	de				
	\$10.07		1021 E. 7th	Street							
			#102								
			Austin, TX 7	8702							
_	DUDDOSE	⊢					(b)	December			
	PURPOSE OF			e Categories listed at		hedule)	(n)	Description Check if travel of	Jutei	de of Texas Com	plete Schedule T.
	EXPENDITURE		Transportati Expense	on Equipment	∝ кеіаїеа			_		officeholder living	
								Rideshare		•	
	Complete ONLY if direct		Candidate/Offic	ceholder name		<u>l</u> Office sou	ght		_	Office he	eld
	expenditure to benefit C/OF				·	;					
	Date	$\overline{}$	Davice ====						_		
	Date		Payee name								
	02/28/2023	-	Lyft								
	Amount (\$)	ı	Payee addres		State	e; Zip Co	de				
	\$44.54		2300 26th S	treet							
			San Francis	co, CA 94107							
	PURPOSE	(a)	Category (se	e Categories listed at	the top of this sch	nedule)	(b)	Description	_		
	OF			on Equipment)	. •	X Check if travel of	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Expense	1 1					, TX,	officeholder living	g expense
								Rideshare			
		L					_		_		
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght		_	Office he	eld
	expenditure to benefit C/OF	Η									
	· · · · · · · · · · · · · · · · · · ·										

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 Salarice Magnet/Contract Labor

	Candidate/Officeholder/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: 61/76 Rpt: 65/89	Collier, Nicole D. (The Honorable) 00067957				
4	Date	5 Payee name				
	03/02/2023	Madison Hotel				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$786.81	1177 15th Street NW				
		Washington, DC 20005				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Hotel to attend The White House Black History				
		Month Program				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Date	Payee name				
	02/21/2023	Murphy Express				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$65.56	1200 Eastman Parkway				
		Fort Worth, TX 76120				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Auto expense - fuel				
		, tate expenses task				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
	Date	Payee name				
	06/28/2023	Nissi VegMex North				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$41.68	9012 Research Blvd.				
	Ţ. <u>2</u> .00	Unit 6-C				
		Austin, TX 78758				
	DUDDOCE					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Capitol office food				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
1						

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 Commit

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: 62/76 Rpt: 66/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	02/28/2023	Oceanaire
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$149.30	1201 F Street NW
		Washington, DC 20004
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dinner with legislative colleague
		Diffici with legislative concague
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	02/06/2023	Olive Garden
	Amount (\$)	Payee address; City; State; Zip Code
	\$79.47	4700 SW Loop 820
	Ψ.σ	1100 GW 250p 520
		Fort Worth, TX 76109
	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 District office food
		District office food
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
L	Dete	
	Date	Payee name
	05/22/2023	QT
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.39	221 E Parmer Lane
L		Austin, TX 78753
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Auto expense - fuel
		Auto expense - luci
_	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 -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 63/76 Rpt: 67/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	01/20/2023	QT Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.22	861 E Baker Ln
		Austin, TX 78753
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Auto expense - fuel
		Auto expense Tuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	David ware
	06/15/2023	Payee name
		QT Burleson
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.87	2690 SW Wilshire Blvd
		Burleson, TX 76028
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Auto expense - fuel
		Auto expense Tuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/01/2023	QT Burleson
	Amount (\$) \$38.37	Payee address; City; State; Zip Code 2690 SW Wilshire Blvd
	φ30.37	2030 SVV VVIISTITE BIVU
		Duda TV 70000
		Burleson, TX 76028
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Auto expense - fuel
	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
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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 64/76 Rpt: 68/89	2 FILER NAME Collier, Nicole D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067957
4	Date 06/29/2023	5 Payee name QT Fort Worth
6	Amount (\$) \$68.90	7 Payee address; City; State; Zip Code 1101 Hemphill Fort Worth, TX 76104
8	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 Auto expense - fuel
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/22/2023	Payee name QT Fort Worth
	Amount (\$) \$57.78	Payee address; City; State; Zip Code 1101 Hemphill Fort Worth, TX 76104
	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 Auto expense - fuel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/15/2023	Payee name QT Fort Worth
	Amount (\$) \$76.77	Payee address; City; State; Zip Code 1101 Hemphill
		Fort Worth, TX 76104
	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 Auto expense - fuel
	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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 65/76 Rpt: 69/89	Collier, Nicole D. (The Honorable) 00067957
4	Date 05/08/2023	5 Payee name
•		QT Fort Worth
0	Amount (\$) \$57.79	7 Payee address; City; State; Zip Code1101 Hemphill
	450	
		Fort Worth, TX 76104
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Auto expense - fuel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/27/2023	QT Fort Worth
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.99	1101 Hemphill
		Fort Worth, TX 76104
	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Auto expense - fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/06/2023	QT Fort Worth
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.12	1101 Hemphill
		Fout Mouth, TV 7C104
	PURPOSE	Fort Worth, TX 76104
	PURPOSE OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Auto expense - fuel
	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 Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

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

nbursement Solicitation/Fundraising Expense
al Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 66/76 Rpt: 70/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	02/26/2023	QT Fort Worth
6	Amount (\$) \$67.08	7 Payee address; City; State; Zip Code 1101 Hemphill
		Fort Worth, TX 76104
8	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 Auto expense - fuel
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/10/2023	QT Fort Worth
	Amount (\$) \$70.83	Payee address; City; State; Zip Code 1101 Hemphill Fort Worth, TX 76104
	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 Auto expense - fuel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/07/2023	QT Fort Worth
	Amount (\$) \$67.83	Payee address; City; State; Zip Code 1101 Hemphill
		Fort Worth, TX 76104
	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 Auto expense - fuel
	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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 67/76 Rpt: 71/89	2 FILER NAME Collier, Nicole D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067957
4	Date 01/17/2023	5 Payee name QT Fort Worth
6	Amount (\$) \$72.84	7 Payee address; City; State; Zip Code 1101 Hemphill Fort Worth, TX 76104
8	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 Auto expense - fuel
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/03/2023	Payee name QT Fort Worth
	Amount (\$) \$82.09	Payee address; City; State; Zip Code 1101 Hemphill Fort Worth, TX 76104
	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 Auto expense - fuel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/09/2023	Payee name QT Fort Worth
	Amount (\$) \$72.07	Payee address; City; State; Zip Code 1101 Hemphill
		Fort Worth, TX 76104
	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 Auto expense - fuel
	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

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: 68/76 Rpt: 72/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	06/18/2023	QT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$73.70	6601 Brentwood Stair
		Fort Worth, TX 76112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Auto expense - fuel
		Auto expense - ruei
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Payee name
	01/24/2023	QT
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$81.43	6601 Brentwood Stair
	Ψ01.10	COOL BIONWOOD CIAM
		Fort Worth, TX 76112
┝	PURPOSE	
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Auto expense - fuel
L	0 1: 01:14 7 7 7	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
⊨		
	Date	Payee name
L	02/16/2023	Red Ash
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.22	303 Colorado Street
		#200
L		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dinner with legislative colleague
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 69/76 Rpt: 73/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	01/17/2023	Salata
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.75	520 Commerce Street
		Fort Worth, TX 76102
8	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 District office food
		District office food
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	Para a sana
	Date	Payee name
	04/14/2023	Shell Oil Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.98	1200 South IH 35
		Round Rock, TX 78681
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Auto expense - fuel
		Auto expense - luei
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davida dama
	Date 06/20/2023	Payee name Spirit Airlines
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$260.00	2800 Executive Way
		Miramar, FL 33025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Airline fees to attend the National Organization of
		Black Elected Legislative Women's conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

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
Legal 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: 70/76 Rpt: 74/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	02/06/2023	Texas Caucus on Climate, Environment & Energy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	PO Box 301074
		Austin, TX 78703
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 Fee
		Wethbership ree
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/OI	
	Date	Payee name
	02/03/2023	Texas House LGBTQ Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$421.37	PO Box 450
	Ψ421.57	1 0 80% 430
		Clint, TX 79836
	DUDDOGE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
		Membership fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/12/2023	The Dock Bookshop
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	6637 Meadowbrook Drive
		Fort Worth, TX 76112
	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.
	-	Candidate/Officeholder/Political Committee
		Bondion
	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula E4:	
1	Total pages Schedule F1: Sch: 71/76 Rpt: 75/89	2 FILER NAME Collier, Nicole D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00067957
4	Date	5 Payee name
	05/10/2023	The Dock Bookshop
6	Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 6637 Meadowbrook Drive
		Fort Worth, TX 76112
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
Ļ		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/10/2023	The Dock Bookshop
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	6637 Meadowbrook Drive
		Fort Worth, TX 76112
	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.
		Candidate/Officeholder/Political Committee
		Donation
_	Operation ONLY if allowed	Our stide to 100% as health as a sure
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/10/2023	The Dock Bookshop
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	6637 Meadowbrook Drive
		Fort Worth, TX 76112
	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.
		Candidate/Officeholder/Political Committee
		Donation
_	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 0/01	

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	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: 72/76 Rpt: 76/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	02/10/2023	The Dock Bookshop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.00	6637 Meadowbrook Drive
		Fort Worth, TX 76112
8	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
		2 Silvatorii
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	<u> </u>	
	Date	Payee name
	01/10/2023	The Dock Bookshop
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	6637 Meadowbrook Drive
		Fort Worth, TX 76112
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	_	
	Date	Payee name
	02/14/2023	UberEats
	Amount (\$)	Payee address; City; State; Zip Code
	\$144.21	2603 8th Avenue, Suite 117
		Fort Worth, TX 76110
	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.
		Conital office food
		Capitol office food
	Complete ONLY if allowers	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	
L		

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ee Legal	wards/Memorials E Services Instruction Guid			ages	Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed ab	ove)
1	Total pages Schedule F1:	2 [ER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 73/76 Rpt: 77/89		llier, Nicole D	. (The Honor	able)					00067957	(Edillo Commiss	
4	Date	5 Pay	ee name									
	02/02/2023	Ve	gan Nom									
6	Amount (\$)	7 Pay	/ee address;	City;	State;	Zip Coo	de					
	\$32.46	232	24 E Cesar C	havez St.								
		#A										
		Au	stin, TX 7870	2								
8	PURPOSE	(a) Cat	egory (See Cate	egories listed at the	top of this sched	dule)	(b)	Description				
	OF EXPENDITURE	Foo	od/Beverage	Expense				=			plete Schedule T.	
								Capitol office		officeholder livin	g expense	
								Capitol Office	100	Ju		
9	Complete ONLY if direct	Cand	didate/Officeho	lder name	Of	fice souc	thr			Office h	eld	
9	expenditure to benefit C/O		iluate/Officerio	idei name	Oi	nce soug	JIIL			Office II	ciu	
	Date	Pay	/ee name									
	01/09/2023	Vo	nlane									
	Amount (\$)	Pay	/ee address;	City;	State;	Zip Coo	de					
	\$496.00	633	10 Lemon Av	enue								
		#12	25									
		Da	llas, TX 7520	9								
	PURPOSE	(a) Cat	egory (See Cate	egories listed at the	top of this sched	dule)	(b)	Description				
	OF EXPENDITURE	Eve	ent Expense					-			plete Schedule T.	
								ш		officeholder living	se for constitue	nts
								opening bay		aver expens	oc for constitue	
	Complete ONLY if direct expenditure to benefit C/O		didate/Officeho	lder name	Of	fice soug	ght			Office h	eld	
	Date	-	/ee name									
	02/21/2023		ılmart Austin									
	Amount (\$)		/ee address;	City;	State;	Zip Coo	de					
	\$276.41	710	E. Ben Whit	te Blvd.								
		Au	stin, TX 7870	4								
	PURPOSE	(a) Cat	egory (See Cate	egories listed at the	top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		od/Beverage		•						plete Schedule T.	
	THE ENDITORIE							Check if Austin				***
								supplies	AUS	suri riousing	food and beve	rage
	Complete ONLY if direct	Cano	didate/Officeho	lder name	Of	fice soug	ght			Office h	eld	
	expenditure to benefit C/O											

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

	Candidate/Officeholder/Politica			Git/Awards/Memorials Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter	istrict a category not listed	above)
Credit Card Payment				The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 74/76 Rpt: 78/89		Collier, Nico	le D. (The Hon	orable)					00067957		
4	Date	5	Payee name					•				
	03/16/2023		Walmart Aus	stin								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$200.00		710 E. Ben \	White Blvd.								
			Austin, TX 7	8704								
8	PURPOSE	(a)	Category (se	e Categories listed at	the ten of this scho	idulo)	(b)	Description				
	OF	 ` ´		age Expense	the top of this sche	idule)	` '	·	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							_		officeholder livin		
								Officeholder A	٩us	stin housing	expense - sı	upplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
		_										
	Date		Payee name									
	01/13/2023		Walmart Au	stin								
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$44.22		710 E. Ben \	White Blvd.								
			Austin, TX 7	8704								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Ex	pense			=			nplete Schedule T.	
							X Check if Austin, TX, officeholder living expense Officeholder housing supplies					
										9		
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н					-					
_	Date		Payee name									
	02/07/2023		Walmart For	t Worth								
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	de					
	\$254.97		8401 Anders		,							
			Fort Worth,	TX 76120								
	PURPOSE	(a)		e Categories listed at	the ten of this cohe	dula)	(b)	Description				
	OF	(-,		age Expense	trie top of triis scrie	edule)	(~)		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE			3				_		officeholder livin		
								HD95 Day at	the	Capitol sn	acks	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld	
	onpolicitate to beliefit 6/01											

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 75/76 Rpt: 79/89	Collier, Nicole D. (The Honorable)	00067957
4	Date	5 Payee name	
	01/17/2023	Walmart Georgetown	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$125.24	620 S I-35	
		Georgetown, TX 78628	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	_ · · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITORE		, TX, officeholder living expense
		Capitol office	supplies
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/09/2023	Walmart Georgetown	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$103.16	620 S I-35	
		Georgetown, TX 78628	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
			Austin housing supplies
			3 11
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	01/17/2023	Wholefoods Austin	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$127.42	525 N. Lamar Blvd.	
		Austin, TX 78703	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE	X Check if Austin,	, TX, officeholder living expense
		Officeholder f	ood and beverage supplies
	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

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/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: 76/76 Rpt: 80/89	Collier, Nicole D. (The Honorable) 00067957
4	Date	5 Payee name
	01/09/2023	Wholefoods Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$93.10	525 N. Lamar Blvd.
		Austin, TX 78703
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
		x Check if Austin, TX, officeholder living expense Officeholder food and beverage supplies
		Cincertolade local and severage cappines
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/16/2023	Wix
	Amount (\$)	Payee address; City; State; Zip Code
	\$186.19	500 Terry A Francois Blvd.
		San Francisco, CA 94158
	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 Officeholder website subscription service
		Ciliceriolaer website subscription service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/18/2023	Wix
	Amount (\$) \$268.18	
	Φ200.10	500 Terry A Francois Blvd.
		San Francisco, CA 94158
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign office website subscription service
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oracide to borionic O/O1	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense	Event Expense Fees Food/Beverage Expense	Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense									
Contributions/ Donations Made By Candidate/Officeholder/Politica	y - Gift/Awards/Memorials Expense		Travel Out of District OTHER (enter a category not listed above)								
	The Instruction Guide ex	plains how to complete this form.									
1 Total pages Schedule F4:			3 Filer ID (Ethics Commission Filers)								
Sch: 1/2 Rpt: 81/89	Collier, Nicole D. (The Honorable) 00067957										
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGEI	D TO A CREDIT CARD	\$								
5 Date 06/25/2023	Payee name Fairmont El San Juan										
7 Amount (\$) \$1,764.90	8 Payee address; City; 6063 Avenida Isla Verde										
	Carolina San Juan 00979 Puerto	Rico									
9 TYPE OF EXPENDITURE	X Political	Non-Political									
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Travel Out of District	X Check if trav Check if Au: Conference	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense e hotel to attend National Organization of ted Legislative Women conference								
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held								
Date	Payee name										
06/17/2023	Fairmont El San Juan										
Amount (\$) \$623.94	Payee address; City; 6063 Avenida Isla Verde Carolina San Juan 00979 Puerto	State; Zip Code									
TYPE OF EXPENDITURE	X Political	Non-Political									
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of Travel Out of District	X Check if trav Check if Au Hotel for N	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense ational Organization of Black Elected Women pre-conference								
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held								

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: 2/2 Rpt: 82/89 Collier, Nicole D. (The Honorable) 00067957 4 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 05/16/2023 National Organization of Black Elected Legislative Women Amount (\$) Payee address; City; State; Zip Code \$300.00 20 F Street NW Washington, DC 20001 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. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Registration for the National Organization of Black Elected Legislative Women conference 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 06/07/2023 Spirit Airlines Payee address: Amount (\$) City; State; Zip Code \$737.38 2800 Executive Way Miramar, FL 33025 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description X Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Airfare to attend National Organization of Black Elected Legislative Women conference Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(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 Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 83/89 Collier, Nicole D. (The Honorable) 00067957 Date Payee name 06/17/2023 Fairmont El San Juan Payee address; Amount (\$) City: State; Zip Code \$623.94 6063 Avenida Isla Verde Reimbursement from political contributions Х intended Carolina San Juan 00979 Puerto Rico X Check if travel outside of Texas. Complete Schedule T. **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** Hotel for National Organization of Black Elected Legislative Women pre-conference Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/25/2023 Fairmont Hotel Amount (\$) Payee address; City; State; Zip Code \$1,764.90 6063 Avenida Isla Verde Reimbursement from political contributions Χ Carolina Carolina 00979 Puerto Rico intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** Conference hotel for National Organization of Black Legislative Women conference Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 05/16/2023 National Organization of Black Elected Legislative Women Payee address; City; State; Zip Code Amount (\$) \$300.00 20 F Street NW Reimbursement from political contributions intended X Washington, DC 20001 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Registration for the National Organization of Black Elected Legislative Women conference Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event 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) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 2/2 Rpt: 84/89 Collier, Nicole D. (The Honorable) 00067957 Date Payee name Spirit Airlines 06/07/2023 6 Amount (\$) Payee address; City; State; Zip Code \$737.38 2800 Executive Way Reimbursement from political contributions intended Х Miramar, FL 33025 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description X Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** Airfare to attend the National Organization of Black Elected Legislative Women conference Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

The Inst	ruction (Guide explains	s how to complete	this form.	1 Total pages Schedule T: Sch: 1/5 Rpt: 85/89	
2 FILER NAME			•	mission Filers)		
Collier, Nicole D	-	-		00067957		
		ation or Labor Org	anization / Pledgor /Pay	ee		
American Airline						
5 Contribution / Expe						Colored to E4
Schedule A2	브	Schedule B	Schedule B(J)	Schedule C2		X Schedule F1
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC	
6 Dates of Travel		of person(s) travel r, Nicole	ing			
	8 Depart	ture city or name o	f departure location			
02/26/2023	DFW					
	9 Destin	ation city or name	of destination location			
02/26/2023	Wash	ington, DC				
10 Means of transpor		11 Purpose of tra	avel (including name of c	conference, seminar, or	other event)	
Commercial Airp	olane	The White F	louse Black History M	lonth Program		
Name of Contribut	or / Corpor	ation or Labor Org	anization / Pledgor /Pay	ee		
American Airline	s:					
Contribution / Expe	enditure rep	oorted on:				
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC	
Dates of Travel	Name	of person(s) travel	ing			
	Collie	r, Nicole (Rep.)				
	Depart	ture city or name o	f departure location			
02/26/2023	DFW					
	Destin	ation city or name	of destination location			
02/26/2023	Wash	ington, DC				
Means of transpor		· ·	avel (including name of c		other event)	
Commercial Airp	olane	The White F	louse Black History P	rogram		
Name of Contribut	or / Corpor	ation or Labor Org	anization / Pledgor /Pay	ee		
CVS Puerto Rico	ס					
Contribution / Expe	enditure re _l	ported on:				
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC	
Dates of Travel	Name	of person(s) travel	ing			
	Collie	r, Nicole (Rep.)				
	Depart	ture city or name o	f departure location			
06/19/2023	DFW					
			of destination location			
06/19/2023	San J	uan, PR				
Means of transpor		· ·	avel (including name of c			
Commercial Airp	olane	Attend the N	lational Organization	of Black Elected Leg	jislative Women conference	<u> </u>
-						

4 Name of Contribu	tor / Corpor	ation or Labor Org	anization / Pledgor /Pay	/ee							
Fairmont El San Juan											
5 Contribution / Exp	enditure rep										
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1					
Schedule F2	X	Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
6 Dates of Travel		of person(s) travel	ing								
	Collie	r, Nicole									
	1 .	ture city or name of	f departure location								
06/19/2023	DFW										
00/40/000			of destination location								
06/19/2023	<u> </u>	uan, PR									
10 Means of transpor		•		conference, seminar, or		foronoo					
Commercial Air					slative Women pre-con						
		ation or Labor Org	anization / Pledgor /Pay	/ee							
Fairmont El Sar											
Contribution / Exp			Cabadula D(1)	Cohadula CO	Cabadula D	Cabadula 51					
Schedule A2 Schedule F2		Schedule B Schedule F4	Schedule B(J) Schedule G	Schedule C2 Schedule H	Schedule D	Schedule F1					
	النا -		Ц	Scriedule H	Schedule COH-UC						
Dates of Travel		of person(s) travel	ing								
	<u> </u>	r, Nicole (Rep.)									
06/10/2022	1	ture city or name of	f departure location								
06/19/2023	DFW										
06/19/2023	1	ation city or name i uan, PR	of destination location								
Means of transpor	<u> </u>		wal (including name of	conference, seminar, or	other event)						
Commercial Air		•			ive Women conference						
		<u> </u>									
Fairmont El Sar	•	ation or Labor Org	anization / Pledgor /Pay	/ee							
Contribution / Exp		norted on:									
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1					
Schedule F2	므	Schedule F4	X Schedule G	Schedule H	Schedule COH-UC						
Dates of Travel		of person(s) travel									
Dates of Travel		r, Nicole (Rep.)	irig								
			f departure location								
06/19/2023	DFW	are only of flame of	departure rocation								
		ation city or name	of destination location								
06/19/2023		uan, PR									
Means of transpor	<u>I</u> tation	Purpose of tra	avel (including name of	conference, seminar, or	other event)						
Commercial Air		-			slative Women pre-con	ference					
		1									
ı											

4 Name of Contribut	or / Corpor	ation or Labor Org	anization / Pledgor /Pay	yee						
Fairmont Hotel										
5 Contribution / Expo										
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1				
Schedule F2		Schedule F4	X Schedule G	Schedule H	Schedule COH-UC					
6 Dates of Travel		of person(s) trave	ling							
	Collie	r, Nicole								
	l - '	ture city or name o	f departure location							
06/19/2023	DFW									
00/40/000			of destination location							
06/19/2023		uan, PR								
10 Means of transpor		•		conference, seminar, or		200				
Commercial Airp	nane ———	Attend the N	vational Organization	of Black Elected Legi	slative Women conferer	1ce				
	or / Corpor	ation or Labor Org	anization / Pledgor /Pay	yee						
Fairmont Hotel										
Contribution / Expe			Cohodula B(I)	Cabadula CO	Cabadula D	Cabadula 51				
Schedule A2 Schedule F2	느	Schedule B Schedule F4	Schedule B(J) Schedule G	Schedule C2 Schedule H	Schedule D Schedule COH-UC	X Schedule F1				
			<u> </u>	Scriedule H	Scriedule COH-OC					
Dates of Travel		of person(s) trave	ing							
		r, Nicole (Rep.)								
06/19/2023	Depart DFW	ture city or name o	f departure location							
00/19/2023		-tiit	of destination leastion							
06/19/2023		ation city or name uan, PR	of destination location							
Means of transpor			avol (including name of	conference, seminar, or	other event)					
Commercial Airp		•		Black Elected Legislati						
		<u> </u>								
Lupi's	or / Corpor	allon of Labor Org	anization / Pledgor /Pay	yee						
Contribution / Expe	enditure rei	oorted on:								
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1				
Schedule F2	므	Schedule F4	Schedule G	Schedule H	Schedule COH-UC	<u> </u>				
Dates of Travel	Name	of person(s) trave	ling		<u> </u>					
Dates of Traver		r, Nicole (Rep.)	iing							
			f departure location							
06/19/2023	DFW	iano ony or manno o	. acpartare recation							
	Destin	ation citv or name	of destination location							
06/19/2023		uan, PR								
Means of transpor	<u>ı</u> tation	Purpose of tra	avel (including name of	conference, seminar, or	other event)					
Commercial Airp	olane	Attend the N	lational Organization	of Black Elected Legi	slative Women conferer	псе				
		1								

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Lyft 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Dates of Travel Name of person(s) traveling Collier, Nicole (Rep.) Departure city or name of departure location 02/26/2023 Destination city or name of destination location 02/23/2026 Washington, DC 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Commercial Airplane The White House Black History Month Program Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Madison Hotel Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1 Schedule F4 Schedule G Schedule COH-UC Schedule F2 Schedule H Dates of Travel Name of person(s) traveling Collier, Nicole (Rep.) Departure city or name of departure location 02/26/2023 **DFW** Destination city or name of destination location 02/26/2023 Washington, DC Purpose of travel (including name of conference, seminar, or other event) Means of transportation Attend The White House Black History Month Program Commercial Airplane Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Oceanaire Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 X Schedule F1 Schedule D Schedule F4 Schedule F2 Schedule G Schedule H Schedule COH-UC Name of person(s) traveling Dates of Travel Collier, Nicole (Rep.)

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee							
Spirit Airlines							
5 Contribution / Expenditure reported on:							
Schedule A2	Schedule B		Schedule B(J)	Schedule C2	Schedule D	Schedule F1	
Schedule F2	Х	Schedule F4	Schedule G	Schedule H	Schedule COH-UC		
6 Dates of Travel	7 Name of person(s) traveling Collier, Nicole (Rep.)						
	Departure city or name of departure location DFW						
06/19/2023							
06/19/2023	9 Destination city or name of destination locationSan Juan, PR						
10 Means of transportation11 Purpose of travel (including name of conference, seminar, or other event)Commercial AirplaneNational Organization of Black Elected Legislative Women conference							
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee							
Spirit Airlines Contribution / Expenditure reported on:							
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1						
Schedule F2	느	Schedule F4	X Schedule G	Schedule H	Schedule COH-UC	Goricular 1 1	
			<u> </u>	П			
Dates of Travel	Name of person(s) traveling Collier, Nicole (Rep.)						
06/19/2023	Departure city or name of departure location DFW						
00/10/1010	Destination city or name of destination location						
06/19/2023	San Juan, PR						
Means of transportation Purpose of travel (including name of conference, seminar, or other event)							
Commercial Airplane Attend National Organization of Black Elected Legislative Women conference							
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee							
Spirit Airlines							
Contribution / Expenditure reported on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1	
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC		
Dates of Travel	Name of person(s) traveling						
	Collier, Nicole (Rep.)						
	Departure city or name of departure location						
06/19/2023 DFW							
Destination city or name of destination location							
06/19/2023	.9/2023 San Juan, PR						
Means of transportation Purpose of travel (including name of conference, seminar, or other even							
Commercial Airplane Attend the National Organization of Black Elected Legislative Women conference							