

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088335	2 Total pages filed: 38		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Jamie S.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/16/2024	
	NICKNAME LAST Kohlmann	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 8310 Midway Rd. Dallas, TX 75209		ZIP CODE	Date Hand-delivered or Date Postmarked	
				Receipt # Amount	
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Benjamin	MI		
	NICKNAME Ben	LAST Kohlmann	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8310 Midway Rd. Dallas, TX 75209				
7 CAMPAIGN TREASURER PHONE	AREA CODE (952)	PHONE NUMBER 994-8092	EXTENSION		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year 07/01/2023		THROUGH	Month Day Year 12/31/2023	
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
	11 OFFICE OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Board Of Education District 12		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Kohlmann, Jamie S. (Mrs.)	14 Filer ID (Ethics Commission Filers) 00088335
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15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	34,923.76
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,627.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	33,657.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

Mrs. Jamie S. Kohlmann

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

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

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18 FILER NAME Kohlmann, Jamie S. (Mrs.)		19 Filer ID (Ethics Commission Filers) 00088335
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 34,923.76
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,266.13
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 361.47
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/13 Rpt: 4/38
2 FILER NAME Kohlmann, Jamie S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahmadi, Paloma <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78231	7 Amount of Contribution (\$) \$260.25
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Brex Inc
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azua, Julie <hr/> Contributor address; City; State; Zip Code FPO, AP 96377	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) NA
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellah, Catherine <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$516.53
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Plumaven
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boersma, Garrett <hr/> Contributor address; City; State; Zip Code Flint, TX 75762	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Commercial Resources
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Marcella <hr/> Contributor address; City; State; Zip Code Houston, TX 77094	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Burke Law Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/13 Rpt: 5/38
2 FILER NAME Kohlmann, Jamie S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkholder, Natalie <hr/> 6 Contributor address; City; State; Zip Code Simi Valley, TX 93065	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Burke Law Group
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cancian, Kara <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) OvenBio, LLC
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlton, Steph <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$520.51
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) McKinsey Co
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Churi, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) NA
Date 12/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coates, Christopher <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109	Amount of Contribution (\$) \$774.79
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) The Miles Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/13 Rpt: 6/38
2 FILER NAME Kohlmann, Jamie S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crasta, Davies <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75013	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) Finance		9 Employer (See Instructions) Emler Swim School
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DaCunha, Alyssa <hr/> Contributor address; City; State; Zip Code Arlington, VA 22207	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) WilmerHale
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deason, Darwin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$5,205.08
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Deason Capital Services
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deason, Doug <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Deason Capital Services
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eash, Dustin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) PGL

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/13 Rpt: 7/38
2 FILER NAME Kohlmann, Jamie S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Vince <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85027	7 Amount of Contribution (\$) \$260.25
8 Principal occupation / Job title (See Instructions) Staff		9 Employer (See Instructions) Teneo
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischer, Meghan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) NA
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fischer, Nathaniel <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) NF Macro
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flumerfelt, Mark <hr/> Contributor address; City; State; Zip Code Minneapolis, TX 55416	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) Professional Services		Employer (See Instructions) eLe Grphyon
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sandy <hr/> Contributor address; City; State; Zip Code San Diego, CA 92107	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Better Place Forests

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/13 Rpt: 8/38
2 FILER NAME Kohlmann, Jamie S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gitsham, Denise	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Fairfield, CA 94534		
8 Principal occupation / Job title (See Instructions) Founder		9 Employer (See Instructions) Vitamin D public relations
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Alicia	Amount of Contribution (\$) \$104.10
Contributor address; City; State; Zip Code La Jolla, CA 92037		
Principal occupation / Job title (See Instructions) Private Equity		Employer (See Instructions) Tide Rock
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grusendorf, Kent	Amount of Contribution (\$) \$520.51
Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Self
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haley, Brian	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Austin, TX 78703		
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) CB Capital
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halpine, Anna	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code New York, NY 10021		
Principal occupation / Job title (See Instructions) Non profit		Employer (See Instructions) Femm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/13 Rpt: 9/38
2 FILER NAME Kohlmann, Jamie S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammer, Stephen <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Gibson, Dunn Crutcher LLP
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hea, Carla <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Dave Perry-Miller
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hock, Stacy <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Castlen <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Public Affairs		Employer (See Instructions) Apache Corp.
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kline, Aaron <hr/> Contributor address; City; State; Zip Code Coronado, CA 92118	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Boom and Bucket Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/13 Rpt: 10/38
2 FILER NAME Kohlmann, Jamie S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohlmann, Ben 6 Contributor address; City; State; Zip Code Dallas, TX 75209	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions) Cubit Capital
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohlmann, Michael Contributor address; City; State; Zip Code Center Point, ID 52213	Amount of Contribution (\$) \$520.51
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeBlanc, Rita Contributor address; City; State; Zip Code Metairie, LA 70005	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie, Logan Contributor address; City; State; Zip Code Atlanta, GA 30327	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Northern Rock
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linbeck III, Leo Contributor address; City; State; Zip Code Houston, TX 77027	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Aquinas Companies LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/13 Rpt: 11/38
2 FILER NAME Kohlmann, Jamie S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lusk, Jonathan <hr/> 6 Contributor address; City; State; Zip Code Washington, TX 77880	7 Amount of Contribution (\$) \$520.51
8 Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions) JK Lusk LLC
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark, Daniel <hr/> Contributor address; City; State; Zip Code Bala Cynwyd, PA 19004	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Villonova University
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middleton, Mayes <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Oil and Gas		Employer (See Instructions) Middleton Oil Co
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Seth <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moses, Jackson <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Venture Capital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/13 Rpt: 12/38
2 FILER NAME Kohlmann, Jamie S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ofek, Hillel	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Austin, TX 78701		
8 Principal occupation / Job title (See Instructions) Director of Strategy		9 Employer (See Instructions) LE
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Scholle	Amount of Contribution (\$) \$52.05
Contributor address; City; State; Zip Code Dallas, TX 75225		
Principal occupation / Job title (See Instructions) Mom		Employer (See Instructions) NA
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scharf, Will	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code St. Louis, MT 63105		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scharf, Will	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code St. Louis, MT 63105		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schultz, Thomas	Amount of Contribution (\$) \$260.25
Contributor address; City; State; Zip Code Dallas, TX 75243		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) AFC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/13 Rpt: 13/38
2 FILER NAME Kohlmann, Jamie S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapiro, Ilya <hr/> 6 Contributor address; City; State; Zip Code Falls Church, VA 22046	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Constitutional lawyer		9 Employer (See Instructions) Manhattan Institute
Date 12/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Laurel <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Houston
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Lindsay <hr/> Contributor address; City; State; Zip Code McLean, VA 22101	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slear, Julie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Mortgage Banking		Employer (See Instructions) MidFirst Bank
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Wyatt <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$1,033.06
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/13 Rpt: 14/38
2 FILER NAME Kohlmann, Jamie S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinman, Joshua <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20024	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) Deputy Assistant to the President		9 Employer (See Instructions) Executive Office of the President
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stenehjem, Erik <hr/> Contributor address; City; State; Zip Code Paradise Valley, AZ 85253	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) First International Bank Trust
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Story, James <hr/> Contributor address; City; State; Zip Code Bedford, TX 76021	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strassner, Aaron <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$516.53
Principal occupation / Job title (See Instructions) Investment Banker		Employer (See Instructions) Houlihan Lokey
Date 12/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troxclair, Ellen <hr/> Contributor address; City; State; Zip Code Marble Falls, TX 78654	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/13 Rpt: 15/38
2 FILER NAME Kohlmann, Jamie S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trulio, Annalisa <hr/> 6 Contributor address; City; State; Zip Code Westlake Village, CA 91361	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) NA
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uldricks, Nathan <hr/> Contributor address; City; State; Zip Code Beverly Shores, IN 46301	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) asdf		Employer (See Instructions) asdf
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underwood, Emily <hr/> Contributor address; City; State; Zip Code Chicago, IL 60614	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) The University of Chicago
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldron, Hillary <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22307	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Yinon <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94306	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Stress-Free Auto Care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/13 Rpt: 16/38
2 FILER NAME Kohlmann, Jamie S. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Brad	7 Amount of Contribution (\$) \$260.25
	6 Contributor address; City; State; Zip Code Dallas, TX 75206	
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Linked In

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/21 Rpt: 17/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/18/2023	5 Payee name WinRed	
6 Amount (\$) \$10.25	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2023	Payee name WinRed	
Amount (\$) \$10.25	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2023	Payee name WinRed	
Amount (\$) \$4.10	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/21 Rpt: 18/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/18/2023	5 Payee name WinRed	
6 Amount (\$) \$16.53	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2023	Payee name WinRed	
Amount (\$) \$16.00	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2023	Payee name WinRed	
Amount (\$) \$3.94	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/21 Rpt: 19/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
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4 Date 12/18/2023	5 Payee name WinRed
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6 Amount (\$) \$16.00	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/18/2023	Payee name WinRed
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Amount (\$) \$16.00	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/18/2023	Payee name WinRed
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Amount (\$) \$1.97	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 4/21 Rpt: 20/38	2	FILER NAME Kohlmann, Jamie S. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00088335
4	Date 12/18/2023	5	Payee name WinRed		
6	Amount (\$) \$10.25	7	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/18/2023		Payee name WinRed		
	Amount (\$) \$4.10		Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 12/18/2023		Payee name WinRed		
	Amount (\$) \$4.10		Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/21 Rpt: 21/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/18/2023	5 Payee name WinRed	
6 Amount (\$) \$1.97	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2023	Payee name WinRed	
Amount (\$) \$33.06	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2023	Payee name WinRed	
Amount (\$) \$1.97	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/21 Rpt: 22/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/18/2023	5 Payee name WinRed	
6 Amount (\$) \$32.00	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2023	Payee name WinRed	
Amount (\$) \$3.94	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2023	Payee name WinRed	
Amount (\$) \$1.97	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/21 Rpt: 23/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/19/2023	5 Payee name WinRed	
6 Amount (\$) \$32.00	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2023	Payee name WinRed	
Amount (\$) \$4.10	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2023	Payee name WinRed	
Amount (\$) \$80.00	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/21 Rpt: 24/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/20/2023	5 Payee name WinRed	
6 Amount (\$) \$24.79	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/21/2023	Payee name WinRed	
Amount (\$) \$32.00	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/27/2023	Payee name WinRed	
Amount (\$) \$160.00	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/21 Rpt: 25/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
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4 Date 12/27/2023	5 Payee name WinRed
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6 Amount (\$) \$9.85	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/28/2023	Payee name WinRed
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Amount (\$) \$10.25	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/28/2023	Payee name WinRed
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Amount (\$) \$98.50	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/21 Rpt: 26/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/28/2023	5 Payee name WinRed	
6 Amount (\$) \$205.08	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2023	Payee name WinRed	
Amount (\$) \$20.51	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2023	Payee name WinRed	
Amount (\$) \$3.94	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/21 Rpt: 27/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/29/2023	5 Payee name WinRed	
6 Amount (\$) \$3.94	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2023	Payee name WinRed	
Amount (\$) \$20.51	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2023	Payee name WinRed	
Amount (\$) \$9.85	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/21 Rpt: 28/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/29/2023	5 Payee name WinRed	
6 Amount (\$) \$10.25	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2023	Payee name WinRed	
Amount (\$) \$20.51	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2023	Payee name WinRed	
Amount (\$) \$1.03	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/21 Rpt: 29/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/29/2023	5 Payee name WinRed	
6 Amount (\$) \$10.25	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2023	Payee name WinRed	
Amount (\$) \$98.50	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2023	Payee name WinRed	
Amount (\$) \$4.10	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/21 Rpt: 30/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
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4 Date 12/29/2023	5 Payee name WinRed
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6 Amount (\$) \$20.51	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/29/2023	Payee name WinRed
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Amount (\$) \$19.70	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/30/2023	Payee name WinRed
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Amount (\$) \$2.05	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/21 Rpt: 31/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/30/2023	5 Payee name WinRed	
6 Amount (\$) \$4.10	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2023	Payee name WinRed	
Amount (\$) \$4.10	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2023	Payee name WinRed	
Amount (\$) \$4.10	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/21 Rpt: 32/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/30/2023	5 Payee name WinRed	
6 Amount (\$) \$19.70	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2023	Payee name WinRed	
Amount (\$) \$4.10	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2023	Payee name WinRed	
Amount (\$) \$4.10	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/21 Rpt: 33/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/30/2023	5 Payee name WinRed	
6 Amount (\$) \$4.10	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2023	Payee name WinRed	
Amount (\$) \$10.25	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2023	Payee name WinRed	
Amount (\$) \$1.97	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/21 Rpt: 34/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
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4 Date 12/31/2023	5 Payee name WinRed
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6 Amount (\$) \$10.25	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/31/2023	Payee name WinRed
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Amount (\$) \$4.10	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/31/2023	Payee name WinRed
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Amount (\$) \$10.25	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/21 Rpt: 35/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
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4 Date 12/31/2023	5 Payee name WinRed
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6 Amount (\$) \$4.10	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/31/2023	Payee name WinRed
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Amount (\$) \$19.70	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/31/2023	Payee name WinRed
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Amount (\$) \$39.40	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/21 Rpt: 36/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/31/2023	5 Payee name WinRed	
6 Amount (\$) \$9.85	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2023	Payee name WinRed	
Amount (\$) \$16.53	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2023	Payee name WinRed	
Amount (\$) \$0.71	Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/21 Rpt: 37/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
4 Date 12/30/2023	5 Payee name WinRed	
6 Amount (\$) \$4.10	7 Payee address; City; State; Zip Code 1776 Wilson Blvd. Suite 530 Arlington, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WinRed service fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 38/38	2 FILER NAME Kohlmann, Jamie S. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088335
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4 Date 12/15/2023	5 Payee name Republican Party of Texas
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6 Amount (\$) \$300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 211 E 7th St Ste 915 Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/29/2023	Payee name Snapfish
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Amount (\$) \$61.47 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10 Almaden Blvd. Suite 900 San Jose, CA 95113
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Branded Thank You cards.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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