

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00067957	<b>2 Total pages filed:</b> 56	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR The Honorable	FIRST Nicole D.	MI	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/16/2024
	NICKNAME	LAST Collier	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 24241  Fort Worth, TX 76124		ZIP CODE	Date Hand-delivered or Date Postmarked
			Receipt #	Amount
			Date Processed	
			Date Imaged	
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mr.	FIRST Gary	MI	
	NICKNAME	LAST Collier	SUFFIX	
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 24241  Fort Worth, TX 76124			
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE (817)	PHONE NUMBER 330-9504	EXTENSION	
<b>8 REPORT TYPE</b>	<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)			
<b>9 PERIOD COVERED</b>	Month    Day    Year 07/01/2023	THROUGH		Month    Day    Year 12/31/2023
<b>10 ELECTION</b>	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	
<b>11 OFFICE</b>	OFFICE HELD (if any) State Representative District 95 Tarrant		<b>12 OFFICE SOUGHT (if known)</b> State Representative District 95	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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**13** C / OH NAME Collier, Nicole D. (The Honorable) **14** Filer ID (Ethics Commission Filers)  
00067957

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	30,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	1,253.25
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	27,067.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,877.31
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.

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 \_\_\_\_\_ 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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<b>18 FILER NAME</b> Collier, Nicole D. (The Honorable)	<b>19 Filer ID</b> (Ethics Commission Filers) 00067957
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<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 29,850.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 350.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 27,067.07
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/6 Rpt: 4/56
<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 12/12/2023	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00441808 ) American Kennel Club PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  New York, NY 10178	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Michael <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76105	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Minister of the Gospel		Employer (See Instructions) Self
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ben E Keith Company Texas PAC <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76102	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Charles Butt Public Education PAC <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00793711 ) Constellation Employee PAC <hr/> Contributor address; City; State; Zip Code  Washington, DC 20001	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 5/56
<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 12/12/2023	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00082792 ) Eli Lilly and Company PAC	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code  Indianapolis, IN 46285		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Independent Insurance Agents of Texas PAC	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Austin, TX 78758		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Linebarger Goggan Blair & Sampson, LLP	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Austin, TX 78760		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Locke Lord, LLP	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Dallas, TX 75201		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: 00097485 ) MERCK PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Washington, DC 20004		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 6/56
<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 08/29/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McGuire, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75207	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>8</b> Principal occupation / Job title (See Instructions) President & CEO		<b>9</b> Employer (See Instructions) Andrews Distributing
Date 10/10/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00225342</u> ) McGuireWoods LLP <hr/> Contributor address; City; State; Zip Code  Richmond, VA 23219	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ONCOR Texas State PAC <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75202	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richie, Carl <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78239	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Attorney		Self
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75230	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Owner		Accident & Injury

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 7/56
<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 07/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Robert (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75230	
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Accident & Injury
Date 07/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TSA PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TX PSY PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 77055	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TXCPA PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78731	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Medical Association PAC	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 8/56
<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 07/25/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Orthopaedic PAC	<b>7</b> Amount of Contribution (\$) \$3,000.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Trial Lawyers Association PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  Austin, TX 78787		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00123612 ) Textron PAC	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Providence, RI 02903		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Toprac, Paul	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Austin, TX 78731		
Principal occupation / Job title (See Instructions) Member		Employer (See Instructions) Topcat Productions
Date 10/10/2023	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00226548 ) Vistra Energy Leaders	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Irving, TX 75039		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 9/56
<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 07/26/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Waites, Chris	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75205	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 07/26/2023	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Warner, Michael	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77021	
<b>Principal occupation / Job title (See Instructions)</b> Consultant		<b>Employer (See Instructions)</b> Self

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 10/56	
<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067957	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 09/27/2023	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackridge <hr/> <b>7</b> Contributor address; City; State; Zip Code  Austin, TX 78701	<b>8</b> Amount of contribution (\$) \$350.00	<b>9</b> In-kind contribution description Campaign fundraiser email blast
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Check if travel outside of Texas. Complete Schedule T.

# 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.

<b>1</b>	Total pages Schedule F1: Sch: 1/44 Rpt: 11/56	<b>2</b>	FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00067957
<b>4</b>	Date 09/26/2023	<b>5</b>	Payee name 101 Building LLC		
<b>6</b>	Amount (\$) \$850.00	<b>7</b>	Payee address; City; State; Zip Code 101 S. Jennings Avenue  Fort Worth, TX 76104		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office lease		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/21/2023		Payee name 101 Building LLC		
	Amount (\$) \$400.00		Payee address; City; State; Zip Code 101 S. Jennings Avenue  Fort Worth, TX 76104		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office lease		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 07/26/2023		Payee name 101 Building LLC		
	Amount (\$) \$400.00		Payee address; City; State; Zip Code 101 S. Jennings Avenue  Fort Worth, TX 76104		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office lease		
		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.

<b>1</b>	Total pages Schedule F1: Sch: 2/44 Rpt: 12/56	<b>2</b>	FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00067957
<b>4</b>	Date 11/08/2023	<b>5</b>	Payee name AT&T		
<b>6</b>	Amount (\$) \$262.79	<b>7</b>	Payee address; City; State; Zip Code PO Box 537104  Atlanta, GA 30353		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office phones		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/10/2023		Payee name AT&T		
	Amount (\$) \$262.39		Payee address; City; State; Zip Code PO Box 537104  Atlanta, GA 30353		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office phones		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/07/2023		Payee name AT&T		
	Amount (\$) \$262.39		Payee address; City; State; Zip Code PO Box 537104  Atlanta, GA 30353		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office phones		
		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.

<b>1</b> Total pages Schedule F1: Sch: 3/44 Rpt: 13/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
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<b>4</b> Date 08/07/2023	<b>5</b> Payee name AT&T
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<b>6</b> Amount (\$) \$262.39	<b>7</b> Payee address; City; State; Zip Code PO Box 537104  Atlanta, GA 30353
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office phones
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/07/2023	Payee name AT&T
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Amount (\$) \$271.30	Payee address; City; State; Zip Code PO Box 537104  Atlanta, GA 30353
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office phones
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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 12/21/2023	Payee name Adobe
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Amount (\$) \$103.89	Payee address; City; State; Zip Code 345 Park Avenue  San Jose, CA 95110
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
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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.

<b>1</b>	Total pages Schedule F1: Sch: 4/44 Rpt: 14/56	<b>2</b>	FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00067957
<b>4</b>	Date 11/28/2023	<b>5</b>	Payee name Adobe		
<b>6</b>	Amount (\$) \$114.70	<b>7</b>	Payee address; City; State; Zip Code 345 Park Avenue  San Jose, CA 95110		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/30/2023		Payee name Adobe		
	Amount (\$) \$10.81		Payee address; City; State; Zip Code 345 Park Avenue  San Jose, CA 95110		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/23/2023		Payee name Adobe		
	Amount (\$) \$103.89		Payee address; City; State; Zip Code 345 Park Avenue  San Jose, CA 95110		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription		
		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.

<b>1</b>	Total pages Schedule F1: Sch: 5/44 Rpt: 15/56	<b>2</b>	FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00067957
<b>4</b>	Date 09/29/2023	<b>5</b>	Payee name Adobe		
<b>6</b>	Amount (\$) \$10.81	<b>7</b>	Payee address; City; State; Zip Code 345 Park Avenue  San Jose, CA 95110		
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription		
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 09/21/2023		Payee name Adobe		
	Amount (\$) \$103.89		Payee address; City; State; Zip Code 345 Park Avenue  San Jose, CA 95110		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 08/29/2023		Payee name Adobe		
	Amount (\$) \$10.81		Payee address; City; State; Zip Code 345 Park Avenue  San Jose, CA 95110		
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription		
		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.

<b>1</b> Total pages Schedule F1: Sch: 6/44 Rpt: 16/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
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<b>4</b> Date 08/21/2023	<b>5</b> Payee name Adobe
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<b>6</b> Amount (\$) \$103.89	<b>7</b> Payee address; City; State; Zip Code 345 Park Avenue  San Jose, CA 95110
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/31/2023	Payee name Adobe
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Amount (\$) \$10.81	Payee address; City; State; Zip Code 345 Park Avenue  San Jose, CA 95110
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
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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 10/11/2023	Payee name Ali, Zanir
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 400 S Zang Blvd. Suite 1214 Dallas, TX 75208
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Fundraiser consultant
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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.

<b>1</b> Total pages Schedule F1: Sch: 7/44 Rpt: 17/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 12/19/2023	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$75.20	<b>7</b> Payee address; City; State; Zip Code 410 Terry Avenue N  Seattle, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District Office supplies
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2023	Payee name Amazon	
Amount (\$) \$106.22	Payee address; City; State; Zip Code 410 Terry Avenue N  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2023	Payee name Amazon	
Amount (\$) \$215.89	Payee address; City; State; Zip Code 410 Terry Avenue N  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District Office supplies
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.

<b>1</b> Total pages Schedule F1: Sch: 8/44 Rpt: 18/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
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<b>4</b> Date 12/28/2023	<b>5</b> Payee name Amazon Marketplace
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<b>6</b> Amount (\$) \$77.98	<b>7</b> Payee address; City; State; Zip Code 410 Terry Avenue N  Seattle, WA 98109
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District Office supplies
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/31/2023	Payee name Amazon Marketplace
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Amount (\$) \$172.57	Payee address; City; State; Zip Code 410 Terry Avenue N  Seattle, WA 98109
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office snacks
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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 12/26/2023	Payee name American Airlines- Dallas
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Amount (\$) \$193.50	Payee address; City; State; Zip Code 2500 Victory Drive  Dallas, TX 75219
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fare charges
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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.

<b>1</b> Total pages Schedule F1: Sch: 9/44 Rpt: 19/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 11/09/2023	<b>5</b> Payee name American Airlines	
<b>6</b> Amount (\$) \$40.00	<b>7</b> Payee address; City; State; Zip Code 4333 Amon Carter Blvd. MD 5675 Fort Worth, TX 76155	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Baggage fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2023	Payee name American Airlines	
Amount (\$) \$40.00	Payee address; City; State; Zip Code 4333 Amon Carter Blvd. MD 5675 Fort Worth, TX 76155	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Baggage fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2023	Payee name American Airlines	
Amount (\$) \$60.00	Payee address; City; State; Zip Code 4333 Amon Carter Blvd. MD 5675 Fort Worth, TX 76155	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Baggage 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.

<b>1</b> Total pages Schedule F1: Sch: 10/44 Rpt: 20/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 08/31/2023	<b>5</b> Payee name American Airlines	
<b>6</b> Amount (\$) \$334.83	<b>7</b> Payee address; City; State; Zip Code 4333 Amon Carter Blvd. MD 5675 Fort Worth, TX 76155	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airline fees
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/21/2023	Payee name American Airlines	
Amount (\$) \$556.40	Payee address; City; State; Zip Code 4333 Amon Carter Blvd. MD 5675 Fort Worth, TX 76155	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Airfare
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 11/03/2023	Payee name Apple	
Amount (\$) \$200.61	Payee address; City; State; Zip Code 1 Infinite Loop  Cupertino, CA 95014	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
	<b>9</b> 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.

<b>1</b> Total pages Schedule F1: Sch: 11/44 Rpt: 21/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
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<b>4</b> Date 10/02/2023	<b>5</b> Payee name Apple
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<b>6</b> Amount (\$) \$43.60	<b>7</b> Payee address; City; State; Zip Code 1 Infinite Loop  Cupertino, CA 95014
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/05/2023	Payee name Apple
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Amount (\$) \$38.20	Payee address; City; State; Zip Code 1 Infinite Loop  Cupertino, CA 95014
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
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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 08/17/2023	Payee name Apple
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Amount (\$) \$56.27	Payee address; City; State; Zip Code 1 Infinite Loop  Cupertino, CA 95014
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
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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.

<b>1</b> Total pages Schedule F1: Sch: 12/44 Rpt: 22/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 08/03/2023	<b>5</b> Payee name Apple	
<b>6</b> Amount (\$) \$82.56	<b>7</b> Payee address; City; State; Zip Code 1 Infinite Loop  Cupertino, CA 95014	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 07/10/2023	Payee name Apple	
Amount (\$) \$51.95	Payee address; City; State; Zip Code 1 Infinite Loop  Cupertino, CA 95014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 07/03/2023	Payee name Apple	
Amount (\$) \$38.20	Payee address; City; State; Zip Code 1 Infinite Loop  Cupertino, CA 95014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
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.

<b>1</b> Total pages Schedule F1: Sch: 13/44 Rpt: 23/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 10/26/2023	<b>5</b> Payee name Apple	
<b>6</b> Amount (\$) \$60.59	<b>7</b> Payee address; City; State; Zip Code 1 Infinite Loop  Cupertino, CA 95014	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2023	Payee name Apple	
Amount (\$) \$89.82	Payee address; City; State; Zip Code 1 Infinite Loop  Cupertino, CA 95014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2023	Payee name Audible	
Amount (\$) \$16.18	Payee address; City; State; Zip Code One Washington Park  Newark, NJ 07102	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
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.

<b>1</b> Total pages Schedule F1: Sch: 14/44 Rpt: 24/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 11/24/2023	<b>5</b> Payee name Audible	
<b>6</b> Amount (\$) \$16.18	<b>7</b> Payee address; City; State; Zip Code One Washington Park  Newark, NJ 07102	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/23/2023	Payee name Audible	
Amount (\$) \$16.18	Payee address; City; State; Zip Code One Washington Park  Newark, NJ 07102	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name Office sought Office held	
Date 09/25/2023	Payee name Audible	
Amount (\$) \$16.18	Payee address; City; State; Zip Code One Washington Park  Newark, NJ 07102	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> 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.

<b>1</b> Total pages Schedule F1: Sch: 15/44 Rpt: 25/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
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<b>4</b> Date 08/23/2023	<b>5</b> Payee name Audible
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<b>6</b> Amount (\$) \$16.18	<b>7</b> Payee address; City; State; Zip Code One Washington Park  Newark, NJ 07102
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/12/2023	Payee name Austin Marriott
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Amount (\$) \$280.28	Payee address; City; State; Zip Code 304 E Cesar Chavez Street  Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder accommodations to attend TXLBC event
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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 11/20/2023	Payee name Austin Marriott
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Amount (\$) \$280.28	Payee address; City; State; Zip Code 304 E Cesar Chavez Street  Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder hotel to attend legislative duties
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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.

<b>1</b> Total pages Schedule F1: Sch: 16/44 Rpt: 26/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
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<b>4</b> Date 10/16/2023	<b>5</b> Payee name Autobahn
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<b>6</b> Amount (\$) \$654.63	<b>7</b> Payee address; City; State; Zip Code 100 Adrian Drive  Fort Worth, TX 76107
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder auto expense - service
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/31/2023	Payee name Bastrop Rides
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Amount (\$) \$86.25	Payee address; City; State; Zip Code 575 Hyatt Lost Pines Road  Lost Pines, TX 78612
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rideshare fare
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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 10/11/2023	Payee name Buc-ee's
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Amount (\$) \$71.52	Payee address; City; State; Zip Code 4155 N General Bruce Drive  Temple, TX 76501
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto expense - fuel
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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.

<b>1</b> Total pages Schedule F1: Sch: 17/44 Rpt: 27/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 12/05/2023	<b>5</b> Payee name Chase Auto Finance	
<b>6</b> Amount (\$) \$845.00	<b>7</b> Payee address; City; State; Zip Code 14800 Frye Road  Fort Worth, TX 76155	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder auto lease
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2023	Payee name Chase Auto Finance	
Amount (\$) \$838.50	Payee address; City; State; Zip Code 14800 Frye Road  Fort Worth, TX 76155	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder auto lease
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2023	Payee name Chase Auto Finance	
Amount (\$) \$838.50	Payee address; City; State; Zip Code 14800 Frye Road  Fort Worth, TX 76155	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder auto lease
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.

<b>1</b> Total pages Schedule F1: Sch: 18/44 Rpt: 28/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 09/14/2023	<b>5</b> Payee name Chase Auto Finance	
<b>6</b> Amount (\$) \$838.50	<b>7</b> Payee address; City; State; Zip Code 14800 Frye Road  Fort Worth, TX 76155	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder auto lease
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/05/2023	Payee name Chase Auto Finance	
Amount (\$) \$838.50	Payee address; City; State; Zip Code 14800 Frye Road  Fort Worth, TX 76155	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder auto lease
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2023	Payee name Constant Contact	
Amount (\$) \$117.26	Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email subscription
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.

<b>1</b> Total pages Schedule F1: Sch: 19/44 Rpt: 29/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 11/13/2023	<b>5</b> Payee name Constant Contact	
<b>6</b> Amount (\$) \$117.26	<b>7</b> Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email subscription
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/12/2023	Payee name Constant Contact	
Amount (\$) \$117.26	Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email subscription
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name Office sought Office held	
Date 09/12/2023	Payee name Constant Contact	
Amount (\$) \$117.26	Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email subscription
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> 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.

<b>1</b> Total pages Schedule F1: Sch: 20/44 Rpt: 30/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 08/14/2023	<b>5</b> Payee name Constant Contact	
<b>6</b> Amount (\$) \$117.26	<b>7</b> Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email subscription
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/12/2023	Payee name Constant Contact	
Amount (\$) \$117.26	Payee address; City; State; Zip Code 1601 Trapelo Road  Waltham, MA 02451	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/09/2023	Payee name DFW Airport Parking	
Amount (\$) \$54.00	Payee address; City; State; Zip Code 2600 Aviation Drive  DFW Airport , TX 75261	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking 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.

<b>1</b>	Total pages Schedule F1: Sch: 21/44 Rpt: 31/56	<b>2</b>	FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00067957	
<b>4</b>	Date 11/06/2023	<b>5</b>	Payee name DFW Airport Parking			
<b>6</b>	Amount (\$) \$135.00	<b>7</b>	Payee address; City; State; Zip Code 2600 Aviation Drive  DFW Airport , TX 75261			
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parking fee			
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 08/04/2023		Payee name Darla's Florist			
	Amount (\$) \$117.43		Payee address; City; State; Zip Code 6904 Blvd. 26  North Richland Hills, TX 76180			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Funeral Flowers for family of constituent			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 11/07/2023		Payee name DoorDash			
	Amount (\$) \$257.90		Payee address; City; State; Zip Code 303 2nd Street Suite 800 San Francisco, TX 94107			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office meal			
		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.

<b>1</b> Total pages Schedule F1: Sch: 22/44 Rpt: 32/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 09/01/2023	<b>5</b> Payee name DoorDash	
<b>6</b> Amount (\$) \$241.93	<b>7</b> Payee address; City; State; Zip Code 303 2nd Street Suite 800 San Francisco, TX 94107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office meal
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2023	Payee name Dropbox	
Amount (\$) \$212.13	Payee address; City; State; Zip Code 333 Brannan Street  San Francisco, CA 94107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2023	Payee name Erenterplan	
Amount (\$) \$268.00	Payee address; City; State; Zip Code 330 Commerce Suite 100 Irvine, CA 92602	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Insurance
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.

<b>1</b> Total pages Schedule F1: Sch: 23/44 Rpt: 33/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 10/30/2023	<b>5</b> Payee name Exxon Fort Worth	
<b>6</b> Amount (\$) \$73.80	<b>7</b> Payee address; City; State; Zip Code 6635 Randol Mill Road  Fort Worth, TX 76112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto expense - fuel
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2023	Payee name FedEx Office	
Amount (\$) \$389.14	Payee address; City; State; Zip Code 901 Houston Street  Fort Worth, TX 76102	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative Handouts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/25/2023	Payee name FedEx Office	
Amount (\$) \$356.01	Payee address; City; State; Zip Code 901 Houston Street  Fort Worth, TX 76102	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative Handouts
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.

<b>1</b> Total pages Schedule F1: Sch: 24/44 Rpt: 34/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 07/07/2023	<b>5</b> Payee name FedEx Office	
<b>6</b> Amount (\$) \$222.45	<b>7</b> Payee address; City; State; Zip Code 901 Houston Street  Fort Worth, TX 76102	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legislative Handouts
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2023	Payee name Frost Bank	
Amount (\$) \$8.00	Payee address; City; State; Zip Code PO Box 16509  Fort Worth, TX 76162	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Service Charge - Banking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2023	Payee name Frost Bank	
Amount (\$) \$8.00	Payee address; City; State; Zip Code PO Box 16509  Fort Worth, TX 76162	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Service Charge - Banking
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.

<b>1</b> Total pages Schedule F1: Sch: 25/44 Rpt: 35/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 09/26/2023	<b>5</b> Payee name Frost Bank	
<b>6</b> Amount (\$) \$8.00	<b>7</b> Payee address; City; State; Zip Code PO Box 16509  Fort Worth, TX 76162	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Service Charge - bank fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2023	Payee name Gonzalez, Jessica (The Honorable)	
Amount (\$) \$962.50	Payee address; City; State; Zip Code 400 Zang Blvd. Suite 1214 Dallas, TX 75208	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TX-OU Campaign Fundraiser Event expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2023	Payee name Googlesuite	
Amount (\$) \$38.38	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website subscription
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                        | 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.

<b>1</b> Total pages Schedule F1: Sch: 26/44 Rpt: 36/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 11/01/2023	<b>5</b> Payee name Googlesuite	
<b>6</b> Amount (\$) \$38.38	<b>7</b> Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2023	Payee name Googlesuite	
Amount (\$) \$21.75	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/01/2023	Payee name Googlesuite	
Amount (\$) \$19.19	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
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.

<b>1</b> Total pages Schedule F1: Sch: 27/44 Rpt: 37/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
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<b>4</b> Date 08/01/2023	<b>5</b> Payee name Googlesuite
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<b>6</b> Amount (\$) \$19.19	<b>7</b> Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/03/2023	Payee name Googlesuite
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Amount (\$) \$19.19	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office subscription
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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 08/29/2023	Payee name Grace Tabernacle Church
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 7261 Wichita Street  Forest Hill, TX 76140
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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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  | 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 -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 28/44 Rpt: 38/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 08/07/2023	<b>5</b> Payee name Grand Hyatt Seattle	
<b>6</b> Amount (\$) \$411.26	<b>7</b> Payee address; City; State; Zip Code 721 Pine Street  Seattle, WA 98101	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel accommodations to attend NBCSL Western Health Forum conference
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2023	Payee name Hill Country Springs	
Amount (\$) \$173.77	Payee address; City; State; Zip Code 10019 S IH 35 Frontage Road  Austin, TX 78747	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Capitol office water
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2023	Payee name Hobby Lobby	
Amount (\$) \$74.68	Payee address; City; State; Zip Code 5020 S Hulen Street  Fort Worth, TX 76132	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Frame for Resolution
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.

<b>1</b> Total pages Schedule F1: Sch: 29/44 Rpt: 39/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
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<b>4</b> Date 08/28/2023	<b>5</b> Payee name Hobby Lobby
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<b>6</b> Amount (\$) \$73.60	<b>7</b> Payee address; City; State; Zip Code 5020 S Hulen Street  Fort Worth, TX 76132
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Frame for Resolution
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/07/2023	Payee name JW Marriott
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Amount (\$) \$247.44	Payee address; City; State; Zip Code 110 E. 2nd Street  Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder hotel for legislative duties
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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 07/03/2023	Payee name JW Marriott
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Amount (\$) \$564.92	Payee address; City; State; Zip Code 110 E. 2nd Street  Austin, TX 78701
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder hotel for legislative duties
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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.

<b>1</b> Total pages Schedule F1: Sch: 30/44 Rpt: 40/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 09/05/2023	<b>5</b> Payee name Marriott Marquis Washington	
<b>6</b> Amount (\$) \$199.43	<b>7</b> Payee address; City; State; Zip Code 901 Massachusetts Ave NW  Washington , DC 20001	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel accommodations to attend Vice President Harris event honoring Black elected women
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2023	Payee name National Black Caucus of State Legislators	
Amount (\$) \$575.00	Payee address; City; State; Zip Code 444 N. Capitol Street NW Suite 622 Washington, DC 20001	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Conference Registration
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/23/2023	Payee name Nordstrom's	
Amount (\$) \$156.92	Payee address; City; State; Zip Code 8687 N Central Expressway  Dallas, TX 75225	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Luggage
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.

<b>1</b> Total pages Schedule F1: Sch: 31/44 Rpt: 41/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 12/19/2023	<b>5</b> Payee name Office Depot	
<b>6</b> Amount (\$) \$61.68	<b>7</b> Payee address; City; State; Zip Code 401 Carroll Street  Fort Worth, TX 76107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District Office supplies
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/09/2023	Payee name Office Depot	
Amount (\$) \$431.87	Payee address; City; State; Zip Code 401 Carroll Street  Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/15/2023	Payee name Omni Hotel	
Amount (\$) \$186.76	Payee address; City; State; Zip Code 700 San Jacinto Blvd.  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder hotel for legislative duties
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.

<b>1</b> Total pages Schedule F1: Sch: 32/44 Rpt: 42/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 11/09/2023	<b>5</b> Payee name Omni Hotel	
<b>6</b> Amount (\$) \$300.44	<b>7</b> Payee address; City; State; Zip Code 700 San Jacinto Blvd.  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder hotel to perform legislative duties
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/07/2023	Payee name Perkins, Inc	
Amount (\$) \$285.48	Payee address; City; State; Zip Code 10266 Rockingham Drive  Sacramento, CA 95827	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Holiday Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2023	Payee name QT Fort Worth	
Amount (\$) \$25.04	Payee address; City; State; Zip Code 1101 Hemphill  Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel In District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto expense - fuel
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.

<b>1</b> Total pages Schedule F1: Sch: 33/44 Rpt: 43/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 10/25/2023	<b>5</b> Payee name QT Fort Worth	
<b>6</b> Amount (\$) \$68.77	<b>7</b> Payee address; City; State; Zip Code 1101 Hemphill  Fort Worth, TX 76104	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto expense - fuel
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/16/2023	Payee name QT Fort Worth	
Amount (\$) \$67.51	Payee address; City; State; Zip Code 1101 Hemphill  Fort Worth, TX 76104	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto expense - fuel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 10/10/2023	Payee name QT Fort Worth	
Amount (\$) \$70.28	Payee address; City; State; Zip Code 1101 Hemphill  Fort Worth, TX 76104	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto expense - fuel
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.

<b>1</b> Total pages Schedule F1: Sch: 34/44 Rpt: 44/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 10/04/2023	<b>5</b> Payee name QT Fort Worth	
<b>6</b> Amount (\$) \$43.03	<b>7</b> Payee address; City; State; Zip Code 1101 Hemphill  Fort Worth, TX 76104	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto expense - fuel
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2023	Payee name QT Fort Worth	
Amount (\$) \$74.22	Payee address; City; State; Zip Code 1101 Hemphill  Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto expense - fuel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2023	Payee name QT Fort Worth	
Amount (\$) \$77.02	Payee address; City; State; Zip Code 1101 Hemphill  Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto expense - fuel
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.

<b>1</b> Total pages Schedule F1: Sch: 35/44 Rpt: 45/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
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<b>4</b> Date 08/25/2023	<b>5</b> Payee name QT Fort Worth
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<b>6</b> Amount (\$)  \$78.34	<b>7</b> Payee address; City; State; Zip Code 1101 Hemphill  Fort Worth, TX 76104
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto expense - fuel
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/06/2023	Payee name QT Fort Worth
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Amount (\$)  \$52.67	Payee address; City; State; Zip Code 1101 Hemphill  Fort Worth, TX 76104
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto expense - fuel
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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 11/14/2023	Payee name QT
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Amount (\$)  \$34.60	Payee address; City; State; Zip Code 6601 Brentwood Stair  Fort Worth, TX 76112
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto expense - fuel
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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.

<b>1</b> Total pages Schedule F1: Sch: 36/44 Rpt: 46/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
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<b>4</b> Date 07/26/2023	<b>5</b> Payee name Rally.org
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<b>6</b> Amount (\$) \$227.25	<b>7</b> Payee address; City; State; Zip Code 580 Howard Street #402 San Francisco, CA 94105
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banking fee
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/26/2023	Payee name San Antonio Express News
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Amount (\$) \$15.96	Payee address; City; State; Zip Code 420 Broadway  San Antonio, TX 78205
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper subscription
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/16/2023	Payee name Shell Oil Austin
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Amount (\$) \$31.10	Payee address; City; State; Zip Code 1200 South IH 35  Round Rock, TX 78681
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Auto expense - fuel
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Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 37/44 Rpt: 47/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 09/05/2023	<b>5</b> Payee name Target	
<b>6</b> Amount (\$) \$365.37	<b>7</b> Payee address; City; State; Zip Code 301 Carroll Street  Fort Worth, TX 76107	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District office supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 11/14/2023	Payee name Tarrant County Democratic Party	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 685 John B Sias Memorial Parkway #400 Fort Worth, TX 76134	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate filing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 08/09/2023	Payee name Tarrant County Democratic Party	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 685 John B Sias Memorial Parkway #400 Fort Worth, TX 76134	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsor for Democratic Party Opal Lee Luncheon
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.

<b>1</b> Total pages Schedule F1: Sch: 38/44 Rpt: 48/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
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<b>4</b> Date 12/11/2023	<b>5</b> Payee name The Dock Bookshop
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<b>6</b> Amount (\$) \$25.00	<b>7</b> Payee address; City; State; Zip Code 6637 Meadowbrook Drive  Fort Worth, TX 76112
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/10/2023	Payee name The Dock Bookshop
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Amount (\$) \$25.00	Payee address; City; State; Zip Code 6637 Meadowbrook Drive  Fort Worth, TX 76112
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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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 10/11/2023	Payee name The Dock Bookshop
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Amount (\$) \$25.00	Payee address; City; State; Zip Code 6637 Meadowbrook Drive  Fort Worth, TX 76112
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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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.

<b>1</b> Total pages Schedule F1: Sch: 39/44 Rpt: 49/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
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<b>4</b> Date 09/11/2023	<b>5</b> Payee name The Dock Bookshop
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<b>6</b> Amount (\$) \$25.00	<b>7</b> Payee address; City; State; Zip Code 6637 Meadowbrook Drive  Fort Worth, TX 76112
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/10/2023	Payee name The Dock Bookshop
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Amount (\$) \$25.00	Payee address; City; State; Zip Code 6637 Meadowbrook Drive  Fort Worth, TX 76112
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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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 07/10/2023	Payee name The Dock Bookshop
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Amount (\$) \$25.00	Payee address; City; State; Zip Code 6637 Meadowbrook Drive  Fort Worth, TX 76112
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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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.

<b>1</b> Total pages Schedule F1: Sch: 40/44 Rpt: 50/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 10/18/2023	<b>5</b> Payee name The Otis	
<b>6</b> Amount (\$) \$216.41	<b>7</b> Payee address; City; State; Zip Code 1901 San Antonio  Austin, TX 78705	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder hotel for legislative duties
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2023	Payee name The Otis	
Amount (\$) \$185.13	Payee address; City; State; Zip Code 1901 San Antonio  Austin, TX 78705	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder hotel for legislative duties
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/13/2023	Payee name The Otis	
Amount (\$) \$181.39	Payee address; City; State; Zip Code 1901 San Antonio  Austin, TX 78705	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder hotel for legislative duties
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.

<b>1</b> Total pages Schedule F1: Sch: 41/44 Rpt: 51/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
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<b>4</b> Date 12/14/2023	<b>5</b> Payee name USPS
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<b>6</b> Amount (\$) \$161.70	<b>7</b> Payee address; City; State; Zip Code 251 W. Lancaster  Fort Worth, TX 76102
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps and mailing supplies
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/23/2023	Payee name WOW Gallery
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Amount (\$) \$153.98	Payee address; City; State; Zip Code 600 Pine Street 3rd Floor Seattle, WA 98101
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituent gifts
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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 08/07/2023	Payee name WOW Gallery
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Amount (\$) \$219.80	Payee address; City; State; Zip Code 600 Pine Street 3rd Floor Seattle, WA 98101
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Constituent gifts
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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.

<b>1</b> Total pages Schedule F1: Sch: 42/44 Rpt: 52/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 10/30/2023	<b>5</b> Payee name Walmart Fort Worth	
<b>6</b> Amount (\$) \$83.33	<b>7</b> Payee address; City; State; Zip Code 8401 Anderson Blvd.  Fort Worth, TX 76120	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense District Office supplies
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2023	Payee name Walmart Fort Worth	
Amount (\$) \$64.14	Payee address; City; State; Zip Code 8401 Anderson Blvd.  Fort Worth, TX 76120	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2023	Payee name Walmart Fort Worth	
Amount (\$) \$522.98	Payee address; City; State; Zip Code 8401 Anderson Blvd.  Fort Worth, TX 76120	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reading with the Rep. event supplies and gifts
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.

<b>1</b> Total pages Schedule F1: Sch: 43/44 Rpt: 53/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Date 10/30/2023	<b>5</b> Payee name Westin Hotel	
<b>6</b> Amount (\$) \$439.54	<b>7</b> Payee address; City; State; Zip Code 310 E 5th Street  Austin, TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder hotel for legislative duties
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/24/2023	Payee name Westin Hotel	
Amount (\$) \$131.80	Payee address; City; State; Zip Code 310 E 5th Street  Austin, TX 78701	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Officeholder hotel for legislative duties
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/26/2023	Payee name William Jennings Management Co.	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 101 S. Jennings Avenue  Fort Worth, TX 76104	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign office door repair
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.

<b>1</b> Total pages Schedule F1: Sch: 44/44 Rpt: 54/56	<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00067957
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<b>4</b> Date 10/26/2023	<b>5</b> Payee name Wilson, Miles
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<b>6</b> Amount (\$) \$115.43	<b>7</b> Payee address; City; State; Zip Code 1100 Congress Avenue  Austin, TX 78701
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for Capitol meal
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/08/2023	Payee name Wix
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Amount (\$) \$207.84	Payee address; City; State; Zip Code 500 Terry A Francois Blvd.  San Francisco, CA 94158
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website expense
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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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# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T: Sch: 1/2 Rpt: 55/56
<b>2</b> FILER NAME Collier, Nicole D. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00067957
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines		
<b>5</b> Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
<b>6</b> Dates of Travel  08/31/2023  08/31/2023	<b>7</b> Name of person(s) traveling Collier, Nicole	
	<b>8</b> Departure city or name of departure location DFW	
	<b>9</b> Destination city or name of destination location Washington DC	
<b>10</b> Means of transportation Commercial Airplane	<b>11</b> Purpose of travel (including name of conference, seminar, or other event) Attend event by Vice President Harris honoring Black elected women	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel  08/31/2023  08/31/2023	Name of person(s) traveling Collier, Nicole	
	Departure city or name of departure location DFW	
	Destination city or name of destination location Washington, DC	
Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Attend event honoring Black elected women hosted by Vice President Harris	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines- Dallas		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel  11/26/2023  11/26/2023	Name of person(s) traveling Collier, Nicole	
	Departure city or name of departure location DFW	
	Destination city or name of destination location Nashville, TX	
Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) National Black Caucus of State Legislators Annual Conference	

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

**4** Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  
Grand Hyatt Seattle

**5** Contribution / Expenditure reported on:

Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule F4     Schedule G     Schedule H     Schedule COH-UC

<b>6</b> Dates of Travel	<b>7</b> Name of person(s) traveling
	<b>8</b> Departure city or name of departure location
	<b>9</b> Destination city or name of destination location
08/03/2023	Collier, Nicole DFW
08/03/2023	Seattle, WA

<b>10</b> Means of transportation	<b>11</b> Purpose of travel (including name of conference, seminar, or other event)
Commercial Airplane	Attend NBCSL Western Health Forum

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  
Marriott Marquis Washington

Contribution / Expenditure reported on:

Schedule A2     Schedule B     Schedule B(J)     Schedule C2     Schedule D     Schedule F1  
 Schedule F2     Schedule F4     Schedule G     Schedule H     Schedule COH-UC

Dates of Travel	Name of person(s) traveling
	Departure city or name of departure location
	Destination city or name of destination location
08/31/2023	Collier, Nicole DFW
08/31/2023	Washington, DC

Means of transportation	Purpose of travel (including name of conference, seminar, or other event)
Commercial Airplane	Officeholder invited to attend Vice President Harris Event honoring Black elected women