CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00067957	sion Filers)	2 Total pages file 5	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		JSE ONLY
OFFICEHOLDER	The Honorable	Nicole D.				
NAME					Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/16/2024	
		Collier				
4 CANDIDATE /			TV.	ZIP CODE	Date Hand-delivered or	Date Postmarked
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AP	1/SUITE#, CI	ΙΥ,	ZIP CODE	Date Hand-delivered of	Date i Ostinarkeu
MAILING	P.O. Box 24241				Receipt #	Amount
ADDRESS					Receipt #	Amount
Change of Address	Fort Worth, TX 76124				Data Decession	
					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Gary				
NAME	1411.	Gary				
	NICKNAME	LAST		SUFFIX		
		Collier				
6 CAMPAIGN	STREET ADDRESS (NO PO	D BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	PO Box 24241					
ADDRE33						
(Residence or Business)	Fort Worth, TX 76124					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER	(817) 330-9504					
PHONE	(017) 000 0004					
8 REPORT						
TYPE	X January 15	30th day befor	re election	Runoff	15th day after car	nnaign treasurer
					appointment (offic	eholder only)
	July 15	8th day before	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
	·			reporting limit	-	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	т	HROUGH	12/31/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X	Primary	Runoff	Other	
	03/05/2024					
	00/00/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	(if known)	
	State Representative Dis	trict 95 Tarrant		State Representa	ative District 95	
		GO	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.us	6	Vers	ion V3.5.1.0bfcfb67

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2**

2 of 56		2	of	56	
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13 C / OH NAME	Collier, Nicole D. (The Honorable) 14 Filer ID (00067957		(Ethics Cor	nmission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or politic These expenditures may have been may officeholders are required to report thi	ade without the candidate's or offic	eholder's ki	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASUR	ER NAME		
		COMMITTEE CAMPAIGN TREASUR	ER ADDRESS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (C ES OF LOANS, OR CONTRIBUTIONS		\$	0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					30,200.00
EXPENDITURE TOTALS					
	4. TOTAL POLITIC	AL EXPENDITURES		\$	27,067.07
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED A	S OF THE LAST DAY OF THE	\$	5,877.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	LOANS AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT			inder penalty of perjury, that the ac d includes all information required ction Code.		
			The Honorable Nicole D. Coll	ier	
			Signature of Candidate or Officeho	older	
AFFIX NOT	FARY STAMP / SEAL AB	DVE			
		aid rtify which, witness my hand and seal (day
Signature of offic		Printed name of officer administe			ring oath

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

Collier, Nicole D. (The Honorable) 00067957						
FILER NAME 3 Filer ID (Ethics Commission Filers) Date 5 Full name of contributor iout-of-state PAC (De-C00441808 7 Amount of Contribution (\$) State 6 Contributor address: City: State: Zip Code 7 Amount of Contribution (\$) \$500.00 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 7 Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (De-C00441808 Amount of Contribution (\$) \$250.00 O7726/2023 Full name of contributor out-of-state PAC (De-C00441807 Amount of Contribution (\$) \$250.00 O7726/2023 Full name of contributor out-of-state PAC (De-C004 Amount of Contribution (\$) \$250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$1,500.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$1,500.00 Date Full name of contributor out-of-state PAC (De-C00799711 Amount of Contribution (\$) \$5,000.00 I2/12/2023 Full name of contributor out-of-state PAC (De-C00799711 Amount of	The Instru	ction Guide explains how to complete this f	orm.	1		
Collier, Nicole D. (The Honorable) 00067957 Date 12/12/2023 \$ Full name of contributor Isour of attale PAC (De_C00411808) 7 Amount of Contribution (\$) \$500.00 12/12/2023 6 Contributor address; City, State; Zip Code 7 Amount of Contribution (\$) \$500.00 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) \$250.00 Date 07/26/2023 Full name of contributor out-of attale PAC (De	2 FILER NAME			3	-	on Filers)
12/12/2023 American Kennel Club PAC \$500.00 6 Contributor address; City, State; Zip Code Image: Contributor address; City, State; Zip Code Image: Contributor address; City, State; Zip Code Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (S) Date Full name of contributor out-of-state PAC (De: Amount of Contribution (S) \$250.00 07/26/2023 Fort Worth, TX 76105 Employer (See Instructions) Self Amount of Contribution (S) \$250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (S) \$250.00 O8/29/2023 Full name of contributor out-of-state PAC (DD: Amount of Contribution (S) \$1,500.00 O8/29/2023 Full name of contributor out-of-state PAC (DD: Amount of Contribution (S) \$1,500.00 Date Full name of contributor out-of-state PAC (DD: Amount of Contribution (S) \$5,000.00 12/12/2023 Full name of contributor out-of-state PAC (DD: Amount of Contribution (S) \$5,000.00 12/12/2024 Full name of contributor out-of-state PAC (DD: Contributor address; City, State; Zip Code Amount of Contr	Collier, Nicol	e D. (The Honorable)				
• Contribution address; City, State; Zip Code	4 Date	5 Full name of contributor X out-of-state PAC (ID#:_	C00441808)	7	Amount of Contribution (\$)	
New York, NY 10178 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (S) Date Full name of contributor out-of-state PAC (IDIE	12/12/2023	American Kennel Club PAC				\$500.00
Principal occupation / Job title (See Instructions) P Employer (See Instructions) Amount of Contribution (\$) S250.00 Date O7/26/2023 Full name of contributor Bell, Michael Amount of Contribution (\$) S250.00 Or/26/2023 Fort Worth, TX 76105 Employer (See Instructions) Amount of Contribution (\$) S250.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date O8/29/2023 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) O8/29/2023 Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) S1,500.00 Date Fort Worth, TX 76102 Employer (See Instructions) S1,500.00 Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/12/2023 Charles Butt Public Education PAC Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructons) Employer (See Instructio		6 Contributor address; City; State; Zip Code		"		
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Date Full name of contributor out-of state PAC (IDE:) Amount of Contribution (\$) 07/26/2023 Bell, Michael		New York, NY 10178				
07/26/2023 Bell, Michael \$250.00 Contributor address; City, State; Zip Code Fort Worth, TX 76105 Employer (See Instructions) Minister of the Gospel Self Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (DE:) Amount of Contribution (\$) 08/29/2023 Ben E Keith Company Texas PAC Self Contributor address; City, State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Fort Worth, TX 76102 Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) \$5,000.00 Date Full name of contributor out-of-state PAC (IDE:) Amount of Contribution (\$) \$5,000.00 12/12/2023 Charles Butt Public Education PAC Amount of Contribution (\$) \$5,000.00 Contributor address; City; State; Zip Code San Antonio, TX 78209 Amount of Contribution (\$) \$2,500.00 Date Full name of contributor out-of-state PAC (IDE: C00793711	B Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) 12/12/2023 Charles Butt Public Education PAC \$5,000.00 Contributor address; City; State; Zip Code San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Date Full name of contributor Imployer (See Instructions) Amount of Contribution (\$) Date San Antonio, TX 78209 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:C00793711 Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:C00793711 Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:C00793711 Amount of Contribution (\$) 10/03/2023 Constellation Employee PAC \$2,500.00 Washington, DC 20001 Washington, DC 20001 Image: Pack Pack Pack Pack Pack Pack Pack Pack		Contributor address; City; State; Zip Code				
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12/12/2023 Charles Butt Public Education PAC \$5,000.00 Contributor address; City; State; Zip Code San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor x out-of-state PAC (ID#: C00793711) 10/03/2023 Constellation Employee PAC Amount of Contribution (\$) Washington, DC 20001 Washington, DC 20001 Employer (See Instructions)						
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San Antonio, TX 78209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor (x) out-of-state PAC (ID#: C00793711) Amount of Contribution (\$) 10/03/2023 Constellation Employee PAC \$2,500.00 Contributor address; City; State; Zip Code Washington, DC 20001 Luber (See Instructions)	12/12/2023					\$5,000.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor x out-of-state PAC (ID#: C00793711) Amount of Contribution (\$) 10/03/2023 Constellation Employee PAC \$2,500.00 Contributor address; City; State; Zip Code Washington, DC 20001 Local Address		Contributor address; City; State; Zip Code				
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Date Full name of contributor (x) out-of-state PAC (ID#: C00793711) Amount of Contribution (\$) 10/03/2023 Constellation Employee PAC \$2,500.00 Contributor address; City; State; Zip Code Washington, DC 20001 Log (x)		San Antonio, TX 78209				
10/03/2023 Constellation Employee PAC \$2,500.00 Contributor address; City; State; Zip Code Washington, DC 20001	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
10/03/2023 Constellation Employee PAC \$2,500.00 Contributor address; City; State; Zip Code Washington, DC 20001						
Contributor address; City; State; Zip Code Washington, DC 20001	Date		С00793711)		Amount of Contribution (\$)	
Washington, DC 20001	10/03/2023	Constellation Employee PAC				\$2,500.00
		Contributor address; City; State; Zip Code				
		Washington, DC 20001				
	Principal occu		Employer (See Instructions	s)		
			ı			

SCHEDULE	A1
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Т	he Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/56	
2 F	ILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		le D. (The Honorable)			00067957	,
4 D	Date	5 Full name of contributor X out-of-state PAC (ID#:	С00082792)	7	Amount of Contribution (\$)	
1	2/12/2023	Eli Lilly and Company PAC				\$1,000.00
		6 Contributor address; City; State; Zip Code		1		
		Indianapolis, IN 46285				
B P	rincipal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	;)		
				, -		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
1	10/10/2023	Independent Insurance Agents of Texas PAC				\$250.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78758				
P	rincipal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
			<u> </u>	_		
D	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
1	0/10/2023	Linebarger Goggan Blair & Sampson, LLP				\$500.00
		Contributor address; City; State; Zip Code		1		
		Austin, TX 78760	-			
Ρ	rincipal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
D	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>)	Γ	Amount of Contribution (\$)	
	10/10/2023	Locke Lord, LLP			· · · · · · · · · · · · · · · · · · ·	\$500.00
		Contributor address; City; State; Zip Code		\mathbf{I}		Ŧ ·
		Dallas, TX 75201				
P	rincipal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
D	Date	Full name of contributor X out-of-state PAC (ID#:) 00097485	Γ	Amount of Contribution (\$)	
1	1/20/2023	MERCK PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Washington, DC 20004				
Ρ	rincipal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
		,				

SCHEDULE A1

	The Instru	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/56	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		le D. (The Honorable)			00067957	
4	Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7	Amount of Contribution (\$)	
	08/29/2023	McGuire, Michael				\$1,500.00
		6 Contributor address; City; State; Zip Code		1		
Ļ	D 1 start seen	Dallas, TX 75207		Ĺ		
8	Principal occu President &	pation / Job title (See Instructions)	9 Employer (See Instructions Andrews Distributing	S)		
				-		
	Date	Full name of contributor X out-of-state PAC	C (ID#: <u>C00225342</u>)		Amount of Contribution (\$)	±=00.00
	10/10/2023	McGuireWoods LLP				\$500.00
		Contributor address; City; State; Zip Code				
		Richmond, VA 23219				
\vdash	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
				-,		
╞	Date	Full name of contributor out-of-state PAC)	Т	Amount of Contribution (\$)	
	10/10/2023	ONCOR Texas State PAC	, (ID#)			\$2,000.00
	10,20,222	Contributor address; City; State; Zip Code		ł		4- , 0C
		Dallas, TX 75202				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC	C (ID#:)	Ī	Amount of Contribution (\$)	
	07/26/2023	Richie, Carl				\$500.00
		Contributor address; City; State; Zip Code		1		
		Con Antonia TV 70000				
┝	Dringing ogg	San Antonio, TX 78239	Employer (See Instruction	<u> </u>		
	Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
╞				Т		
	Date	Full name of contributor out-of-state PAC	C (ID#:)		Amount of Contribution (\$)	ቀደባብ በበ
	11/20/2023	Smith, Robert (Mr.)		-		\$500.00
		Contributor address; City; State; Zip Code				
		Dallas, TX 75230				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Owner		Accident & Injury	,		
⊢						

SCHEDULE A1

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/56	
2	FILER NAME Collier, Nicol	le D. (The Honorable)		3	Filer ID (Ethics Commission 00067957	on Filers)
4	Date 07/26/2023	5 Full name of contributor out-of-state PAC (ID#: Smith, Robert (Mr.)		7	Amount of Contribution (\$)	\$500.00
	I	6 Contributor address; City; State; Zip Code				
		Dallas, TX 75230				
8	Principal occu Owner	ipation / Job title (See Instructions)	9 Employer (See Instructions) Accident & Injury	;)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	÷0.000.00
	07/25/2023					\$2,000.00
		Contributor address; City; State; Zip Code Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	ـــــــــــــــــــــــــــــــــــــ		
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	07/26/2023	TX PSY PAC				\$500.00
	Principal occu	Contributor address; City; State; Zip Code Austin, TX 77055 Ipation / Job title (See Instructions)	Employer (See Instructions)	s)		
L						
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	<u>ቀ</u> ር ባር በር
	08/29/2023	TXCPA PAC				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78731				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	;)		
F	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	10/10/2023	Texas Medical Association PAC Contributor address; City; State; Zip Code				\$250.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	5)		
		·				

SCHEDULE A1

The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/56	
2 FILER NAME Collier, Nicol	le D. (The Honorable)		3	Filer ID (Ethics Commission 00067957	on Filers)
4 Date 07/25/2023	5 Full name of contributor out-of-state PAC (ID#: Texas Orthopaedic PAC		7	Amount of Contribution (\$)	\$3,000.00
	6 Contributor address; City; State; Zip Code				
	Austin, TX 78701				
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	s)		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
10/10/2023	Texas Trial Lawyers Association PAC				\$2,500.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78787				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	3)		
Date	Full name of contributor X out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
10/03/2023	Textron PAC				\$500.00
	Contributor address; City; State; Zip Code				
	Providence, RI 02903	(D. la structione	Ĺ		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	3)		
Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
07/26/2023	Toprac, Paul				\$100.00
	Contributor address; City; State; Zip Code				
	Austin, TX 78731				
Principal occu Member	ipation / Job title (See Instructions)	Employer (See Instructions) Topcat Productions	5)		
Date	Full name of contributor X out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
10/10/2023	Vistra Energy Leaders				\$1,000.00
	Contributor address; City; State; Zip Code				
	Irving, TX 75039				
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	S)		

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instru	ction Guide explains how to complete this f	orm.	1	1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/56				
2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Collier, Nico	le D. (The Honorable)			00067957				
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$						
5	Date 09/27/2023	 6 Full name of contributor out-of-state PAC (ID#: Blackridge 7 Contributor address; City; State; Zip Code Austin, TX 78701 	8	Amount of solution (\$) In-kind contribution description \$350.00 Campaign fundraiser email blast					
10	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Check if travel outside of Texas. Complete Schedule T. I1 Employer (FOR NON-JUDICIAL) (See instructions)						
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)						
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 1/44 Rpt: 11/56		Collier, Nicole D. (The Honorable)				-	00067957		
4	Date	5	Payee name							
	09/26/2023		101 Building LLC							
6	Amount (\$)	7	Payee address; City; State; Zip Code							
	\$850.00		101 S. Jennings Avenue							
			Fort Worth, TX 76104							
8	PURPOSE	<u> </u>			(h)	Description				
ľ	OF		Category (See Categories listed at the top of this sc Office Overhead/Rental Expense	nedule)	(~)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	, тх,	, officeholder living expense		
						Campaign off	fice	elease		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office sou	ght			Office held		
	Date		Payee name							
	08/21/2023		101 Building LLC							
_	Amount (\$)			e; Zip Co	de					
	\$400.00		101 S. Jennings Avenue	5, Zip 00	uc					
	φ+00.00		101 S. Jennings Avenue							
			Fort Worth, TX 76104							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sc Office Overhead/Rental Expense	hedule)			, тх,	ide of Texas. Complete Schedule T. , officeholder living expense P lease		
				- <i>''</i> '						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	Office sou	gnt			Office held		
⊨	Date		Payee name							
	07/26/2023		101 Building LLC							
	Amount (\$)		-	e; Zip Co	do					
	\$400.00		101 S. Jennings Avenue	e, zip co	ue					
	Φ400.00		IOI 3. Jennings Avenue							
			Fort Worth, TX 76104							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sc Office Overhead/Rental Expense	hedule)	(b)			ide of Texas. Complete Schedule T.		
						Check if Austin		, officeholder living expense Please		
-	Complete ONLY if direct	<u>ر</u>	andidate/Officeholder name	Office sou	aht			Office held		
	expenditure to benefit C/Oł			2	9.11					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/44 Rpt: 12/56		r, Nicole D. (The Honor	rable)				00067957		
4	Date 11/08/2023	Payee AT&T								
6	Amount (\$) \$262.79	PO B	Payee address; City; State; Zip Code PO Box 537104 Atlanta, GA 30353							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign office phones 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	ate/Officeholder name	C	Office sou	ht		Office he	eld	
	Date	Payee	name							
	10/10/2023	AT&T								
	Amount (\$) \$262.39	PO B	address; City; ox 537104 a, GA 30353	State	; Zip Coo	le				
	PURPOSE OF EXPENDITURE		Dry (See Categories listed at the Overhead/Rental Expe		edule)		ı, TX	ide of Texas. Com , officeholder living 9 phones		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate/Officeholder name	(Office sou	ht		Office he	eld	
	Date	Payee	name							
	09/07/2023	AT&T								
	Amount (\$) \$262.39		address; City; ox 537104	State	; Zip Coo	le				
		Atlant	a, GA 30353							
	PURPOSE OF EXPENDITURE		OTY (See Categories listed at the Overhead/Rental Expe		edule)		ı, TX	ide of Texas. Com , officeholder living 9 phones		
	Complete ONLY if direct expenditure to benefit C/OF	Candida	ate/Officeholder name	C	Dffice sou	ht		Office he	eld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 3/44 Rpt: 13/56	Collier, Nicole D. (The Honorable)	00067957							
4	Date 08/07/2023	5 Payee name AT&T								
6	Amount (\$) \$262.39	7 Payee address; City; State; Zip Code PO Box 537104 Atlanta, GA 30353								
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign office phones 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/07/2023	AT&T								
	Amount (\$) \$271.30	Payee address; City; State; Zip Code PO Box 537104 Atlanta, GA 30353								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense fice phones							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date 12/21/2023	Payee name Adobe								
	Amount (\$) \$103.89	Payee address;City;State;ZipCode345 Park Avenue								
		San Jose, CA 95110								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense iption							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 4/44 Rpt: 14/56	Collier, Nicole D. (The Honorable)	00067957							
4	Date 11/28/2023	Payee name Adobe								
6	Amount (\$) \$114.70	Payee address; City; State; Zip Code 345 Park Avenue San Jose, CA 95110								
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/30/2023	Adobe								
	Amount (\$) \$10.81	Payee address; City; State; Zip Code 345 Park Avenue San Jose, CA 95110								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense ption							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/23/2023	Adobe								
	Amount (\$) \$103.89	Payee address; City; State; Zip Code 345 Park Avenue								
		San Jose, CA 95110								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense ption							
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

			EXPENDITURE C	ATEGORIES	FOR B	OX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense						Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 5/44 Rpt: 15/56		e D. (The Honorat	ole)				00067957		
4	Date 09/29/2023	Payee name Adobe								
6	Amount (\$) \$10.81	Payee address; City; State; Zip Code 345 Park Avenue San Jose, CA 95110								
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Office	holder name	Office	sought			Office he	eld	
	Date	Payee name								
	09/21/2023	Adobe								
	Amount (\$) \$103.89	Payee address 345 Park Ave San Jose, CA	nue	State; Zip	Code					
	PURPOSE OF EXPENDITURE	Category (See	Categories listed at the top ead/Rental Expension		(b)		n, TX,	officeholder living	plete Schedule T. J expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Office	holder name	Office	sought			Office he	eld	
	Date	Payee name								
	08/29/2023	Adobe								
	Amount (\$) \$10.81	Payee address 345 Park Ave		State; Zip) Code					
		San Jose, CA	95110							
	PURPOSE OF EXPENDITURE		Categories listed at the top ead/Rental Expension		(b)		n, TX,	officeholder living	plete Schedule T. J expense	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Office	holder name	Office	sought			Office he	əld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex tee Legal Services The Instruction Guid		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Transportation E Travel in District Travel Out of Di			
1	Total pages Schedule F1:	2 FII		•		•	2	Filer ID	(Ethics Commission Filers)		
-	Sch: 6/44 Rpt: 16/56		ollier, Nicole D. (The Honora	able)				00067957			
4	Date 08/21/2023		yee name lobe								
6	Amount (\$) \$103.89	34	Payee address; City; State; Zip Code 345 Park Avenue San Jose, CA 95110 San Jose, CA 95110								
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription 									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office soug	ht		Office h	eld		
	Date	Pa	yee name								
	07/31/2023	Ac	lobe								
	Amount (\$) \$10.81		yee address; City; 5 Park Avenue	State;	; Zip Coo	le					
		Sa	n Jose, CA 95110								
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the fice Overhead/Rental Expe		iedule)		n, TX,	, officeholder living	nplete Schedule T. g expense		
	Complete ONLY if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office soug	ht		Office h	eld		
	Date	Pa	yee name								
	10/11/2023		, Zanir								
	Amount (\$) \$250.00	40 Sı	yee address; City; 0 S Zang Blvd. iite 1214 allas, TX 75208	State	; Zip Coo	le					
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the sonsulting Expense	top of this sch	iedule)		n, TX,	, officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office soug	ht		Office h	eld		

		EXPENDI	URE CATEGORIES FO	R BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services The Instructio	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	ILER NAME			3 Filer ID (Ethics Commission Filers)				
	Sch: 7/44 Rpt: 17/56	Collier, Nicole D. (The F	lonorable)		00067957				
4	Date 12/19/2023	Payee name Amazon							
6	Amount (\$) \$75.20	Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109 Seattle, WA 98109							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense District Office supplies 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder nam	e Office so	ught	Office held				
	Date	ayee name							
	11/20/2023	mazon							
	Amount (\$) \$106.22	Payee address; City; 10 Terry Avenue N Seattle, WA 98109	State; Zip C	ode					
	PURPOSE OF EXPENDITURE	Category (See Categories liste Office Overhead/Rental			outside of Texas. Complete Schedule T. h, TX, officeholder living expense 2S				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder nam	e Office so	ught	Office held				
	Date	ayee name							
	10/30/2023	mazon							
	Amount (\$) \$215.89	Payee address; City; 10 Terry Avenue N	State; Zip C	ode					
		Seattle, WA 98109		1					
	PURPOSE OF EXPENDITURE	Category (See Categories liste Office Overhead/Rental			outside of Texas. Complete Schedule T. n, TX, officeholder living expense e supplies				
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder nam	e Office so	ught	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
	Sch: 8/44 Rpt: 18/56		Collier, Nicole D. (The Honorable)				00067957			
4	Date 12/28/2023	5	Payee name Amazon Marketplace							
6	Amount (\$) \$77.98	7	Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense District Office supplies 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught		Office held			
	Date		Payee name							
	10/31/2023		Amazon Marketplace							
	Amount (\$) \$172.57		Payee address; City; State 410 Terry Avenue N Seattle, WA 98109	; Zip Cc	ode					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Food/Beverage Expense	nedule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught		Office held			
	Date		Payee name							
	12/26/2023		American Airlines- Dallas							
	Amount (\$) \$193.50		Payee address; City; State 2500 Victory Drive	; Zip Co	ode					
			Dallas, TX 75219		1					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Travel Out of District	nedule)		n, TX	ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan F Office Polling Printing Salarie	Repay Overl Expe g Exp s/Wa	ment/Reimbursement nead/Rental Expense ense ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 9/44 Rpt: 19/56		Collier, Nicole D. (The Honorable)				00067957		
4	Date	5	Payee name							
	11/09/2023		American Airlines							
6	Amount (\$)	7	Payee address; City;	State; Zip	Cod	e				
	\$40.00		4333 Amon Carter Blvd.							
			MD 5675							
			Fort Worth, TX 76155							
8	PURPOSE	(a)	Category (See Categories listed at the top of		1	b) Description				
-	OF	()	Travel Out of District	this schedule)	ľ		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austir	ı, TX	, officeholder living expense		
						Baggage fee				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	oug	ht		Office held		
	Date		Payee name							
	11/08/2023		American Airlines							
	Amount (\$)		Payee address; City;	State; Zip	Cod	e				
	\$40.00		4333 Amon Carter Blvd.							
			MD 5675							
			Fort Worth, TX 76155							
_	PURPOSE	(a)	Category (See Categories listed at the top of	this ashedula)	1	b) Description				
	OF		Travel Out of District	tills schedule)	ľ		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austir	n, TX,	, officeholder living expense		
						Baggage fee				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	oug	ht		Office held		
_	Date		Davias name							
	10/12/2023		Payee name American Airlines							
_				State; Zip	Cod	•				
	Amount (\$) \$60.00		Payee address; City; 4333 Amon Carter Blvd.	State, Zip	COU	e				
	φ00.00									
			MD 5675							
			Fort Worth, TX 76155							
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this schedule)	(b) Description				
	EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T. , officeholder living expense		
						Baggage fee		, uniceriolider living expense		
-	Complete ONLY if direct	L(Candidate/Officeholder name	Office s	oua	ht		Office held		
	expenditure to benefit C/OI			2		-				
-										

			EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing Ex Salaries/W	rhead pense pens (ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)				
	Sch: 10/44 Rpt: 20/56		Collier, Nicole D. (The Honorable)					00067957				
4	Date	5	Payee name									
	08/31/2023		American Airlines									
6	Amount (\$)	7	Payee address; City; Sta	te; Zip Co	de							
	\$334.83		4333 Amon Carter Blvd.									
			MD 5675									
			Fort Worth, TX 76155									
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description						
			Travel Out of District	billeduic)			outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE						, TX,	, officeholder living expense				
						Airline fees						
_												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght			Office held				
	Date		Payee name									
	08/21/2023		American Airlines									
	Amount (\$)		Payee address; City; Sta	te; Zip Co	de							
	\$556.40		4333 Amon Carter Blvd.									
			MD 5675									
			Fort Worth, TX 76155									
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description						
	OF EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.				
						Check if Austin	, TX,	, officeholder living expense				
						Amare						
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	aht			Office held				
	expenditure to benefit C/Oł			Onice 300	gin							
	Date	_	Payee name									
	11/03/2023		Apple									
	Amount (\$)			te; Zip Co	do							
	\$200.61		1 Infinite Loop	ie, zip co	ue							
	\$200.01											
			Cupertino, CA 95014									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description						
	EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T. , officeholder living expense				
						Office subscr						
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght			Office held				
	expenditure to benefit C/OI				-							
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 11/44 Rpt: 21/56	Collier, Nicole D. (The Honorable)	00067957							
4	Date 10/02/2023	Payee name Apple								
		· · · · · · · · · · · · · · · · · · ·								
6	Amount (\$) \$43.60	Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, CA 95014								
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Subscription								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/05/2023	Apple								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$38.20	1 Infinite Loop Cupertino, CA 95014								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense iption							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/17/2023	Apple								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$56.27	1 Infinite Loop								
		Cupertino, CA 95014								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense iption							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense					Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2		p			2	Filer ID	(Ethics Commission Filers)		
-	Sch: 12/44 Rpt: 22/56		Collier, Nicole D. (The Hon	orable)				00067957			
4	Date 08/03/2023		Payee name Apple								
6	Amount (\$) \$82.56	7 Payee address; City; State; Zip Code .56 1 Infinite Loop Cupertino, CA 95014									
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	yht		Office he	eld		
	Date		Payee name								
	07/10/2023		Apple								
	Amount (\$) \$51.95		Payee address; City; 1 Infinite Loop Cupertino, CA 95014	State;	; Zip Co	de					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at Office Overhead/Rental Ex		edule)		η, TX,	ide of Texas. Com , officeholder living ON			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office he	eld		
	Date		Payee name					-			
	07/03/2023		Apple								
	Amount (\$) \$38.20		Payee address; City; 1 Infinite Loop	State;	; Zip Co	de					
			Cupertino, CA 95014								
	PURPOSE OF EXPENDITURE		Category (See Categories listed at Office Overhead/Rental Ex		edule)		ι, TX,	ide of Texas. Com , officeholder living ON			
ļ	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	yht		Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Legal Services The Instruction	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	ILER NAME			3 Filer ID (Ethics Commission Filers)					
	Sch: 13/44 Rpt: 23/56	Collier, Nicole D. (The Honorable) 00067957								
4	Date 10/26/2023	5 Payee name Apple								
6	Amount (\$) \$60.59	7 Payee address; City; State; Zip Code 1 Infinite Loop Cupertino, CA 95014								
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office subscription 								
9	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office so	ught	Office held					
	Date	ayee name								
	08/18/2023	\pple								
	Amount (\$) \$89.82	Payee address; City; Infinite Loop	State; Zip C	code						
	PURPOSE OF EXPENDITURE	Cupertino, CA 95014 Category (See Categories listed a Office Overhead/Rental E			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense cription					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office so	ught	Office held					
	Date	ayee name								
	12/26/2023	udible								
	Amount (\$) \$16.18	Payee address; City; Dne Washington Park	State; Zip C	code						
		lewark, NJ 07102		Ĩ						
	PURPOSE OF EXPENDITURE	Category (See Categories listed a Office Overhead/Rental E			l outside of Texas. Complete Schedule T. n, TX, officeholder living expense ription					
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office so	ught	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 14/44 Rpt: 24/56	Collier, Nicole D. (The Honorable)	00067957						
4	Date 11/24/2023	5 Payee name Audible							
6	Amount (\$) \$16.18	 Payee address; City; State; Zip Code One Washington Park Newark, NJ 07102 							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office subscription (b) Description							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/23/2023	Audible							
	Amount (\$) \$16.18	Payee address; City; State; Zip Code One Washington Park Newark, NJ 07102							
	PURPOSE OF EXPENDITURE	 a) Category (See Categories listed at the top of this schedule) b) Description check if travel of Check if	uutside of Texas. Complete Schedule T. TX, officeholder living expense ption						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/25/2023	Audible							
	Amount (\$) \$16.18	Payee address; City; State; Zip Code One Washington Park							
		Newark, NJ 07102							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense ption						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Relate Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not lister							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 15/44 Rpt: 25/56	Collier, Nicole D. (The Honorable) 00067957							
4	Date 08/23/2023	Payee name Audible							
6	Amount (\$) \$16.18	 Payee address; City; State; Zip Code One Washington Park Newark, NJ 07102 							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Subscription 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/12/2023	Austin Marriott							
	Amount (\$) \$280.28	Payee address; City; State; Zip Code 304 E Cesar Chavez Street Austin, TX 78701							
	PURPOSE OF EXPENDITURE	Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder accommodations to attend TXLBC Event						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/20/2023	Austin Marriott							
	Amount (\$) \$280.28	Payee address; City; State; Zip Code 304 E Cesar Chavez Street							
		Austin, TX 78701							
	PURPOSE OF EXPENDITURE	Travel Out of District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dfficeholder hotel to attend legislative duties						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held						

		EXPENDITURE CATEGORIES	FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ries/Wages/Contract Labor o complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	•	· · ·	3 Filer ID (Ethics Commission Filers)				
_	Sch: 16/44 Rpt: 26/56	Collier, Nicole D. (The Honorable) 00067957						
4	Date 10/16/2023	Payee name Autobahn						
6	Amount (\$) \$654.63	Payee address; City; State; Zip 100 Adrian Drive Fort Worth, TX 76107	Code					
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense uto expense - service				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office	sought	Office held				
	Date	Payee name						
	08/31/2023	Bastrop Rides						
	Amount (\$) \$86.25	Payee address; City; State; Zip 575 Hyatt Lost Pines Road	Code					
	_	Lost Pines, TX 78612	I					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel Out of District		utside of Texas. Complete Schedule T. TX, officeholder living expense Ə				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office	sought	Office held				
	Date	Payee name						
	10/11/2023	Buc-ee's						
	Amount (\$) \$71.52	Payee address; City; State; Zip 4155 N General Bruce Drive	Code					
		Temple, TX 76501						
	PURPOSE OF EXPENDITURE) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		utside of Texas. Complete Schedule T. TX, officeholder living expense - fuel				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office	sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 17/44 Rpt: 27/56	Collier, Nicole D. (The Honorable)00067957						
4	Date 12/05/2023	Payee name Chase Auto Finance						
6	Amount (\$) \$845.00	7 Payee address; City; State; Zip Code 5.00 14800 Frye Road Fort Worth, TX 76155						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder auto lease 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/07/2023	Chase Auto Finance						
	Amount (\$) \$838.50	Payee address; City; State; Zip Code 14800 Frye Road Fort Worth, TX 76155						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Transportation Equipment & Related Check if travel of the schedule)	utside of Texas. Complete Schedule T. TX, officeholder living expense I UTO lease					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/06/2023	Chase Auto Finance						
	Amount (\$) \$838.50	Payee address; City; State; Zip Code 14800 Frye Road						
		Fort Worth, TX 76155						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense I uto lease					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Poling Expense Git/Awards/Memorials Expense Printing Expense mmittee Legal Services 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)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 18/44 Rpt: 28/56	Collier, Nicole D. (The Honorable) 00067957						
4	Date 09/14/2023	Payee name Chase Auto Finance						
6	Amount (\$) \$838.50	 Payee address; City; State; Zip Code 14800 Frye Road Fort Worth, TX 76155 						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Officeholder auto lease 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/05/2023	Chase Auto Finance						
	Amount (\$) \$838.50	Payee address; City; State; Zip Code 14800 Frye Road Fort Worth, TX 76155						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related (b) Description Check if travel	outside of Texas. Complete Schedule T. , TX, officeholder living expense auto lease					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/18/2023	Constant Contact						
	Amount (\$) \$117.26	Payee address; City; State; Zip Code 1601 Trapelo Road						
		Waltham, MA 02451						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense iption					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Equipment & Re Food/Beverage Expense Polling Expense Travel in District / - Gift/Awards/Memorials Expense Printing Expense Travel Out of District							
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 19/44 Rpt: 29/56		Collier, Nicole D. (The Honorable) 00067957						
4	Date 11/13/2023	5	Payee name Constant Contact						
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de				
	\$117.26		1601 Trapelo Road						
			Waltham, MA 02451						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description				
	EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T.		
					Email subscr		, officeholder living expense		
						ipu			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght		Office held		
	Date		Payee name						
	10/12/2023		Constant Contact						
	Amount (\$)		Payee address; City; State	; Zip Co	de				
	\$117.26		1601 Trapelo Road	,					
	\$111.20								
		<u> </u>	Waltham, MA 02451						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description	outoi	ide of Toylog, Complete Celedule T		
	EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
					Email subscr				
						- I			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	Office sou	ght		Office held		
	Date		Payee name						
	09/12/2023		Constant Contact						
_				. 7:0 00					
	Amount (\$)			; Zip Co	lae				
	\$117.26		1601 Trapelo Road						
			Waltham, MA 02451						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description				
	EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					Email subscr	ihn			
_									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	gnt		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District by - Gift/Awards/Memorials Expense Printing Expense Travel Out of Dist						quipment & Related Expense	
1	Total pages Schedule F1:	2 FILE	RNAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 20/44 Rpt: 30/56	Collier, Nicole D. (The Honorable) 00067957							``````````````````````````````````````
4	Date 08/14/2023		ee name stant Contact						
6	Amount (\$)	7 Pay	ee address; City;	State;	Zip Co	le			
	\$117.26								
		wa	tham, MA 02451						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email subscription 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		date/Officeholder name	C	Office sou	ht		Office he	eld
	Date	Pay	ee name						
	07/12/2023	Cor	stant Contact						
	Amount (\$)	Pay	ee address; City;	State;	; Zip Co	le			
	\$117.26		1 Trapelo Road tham, MA 02451						
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the ertising Expense	top of this sch	edule)		ı, TX	ide of Texas. Com , officeholder living ON	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date/Officeholder name	C	Office sou	ht		Office he	eld
	Date	Pave	ee name						
	11/09/2023		V Airport Parking						
	Amount (\$) \$54.00		ee address; City; 0 Aviation Drive	State;	; Zip Coo	le			
		DF۱	V Airport , TX 75261						
	PURPOSE OF EXPENDITURE	Tra	gory (See Categories listed at the insportation Equipment & Fense		edule)			ide of Texas. Com , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		date/Officeholder name	C	Dffice sou	ht		Office he	eld
		_			_		_		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 21/44 Rpt: 31/56		Collier, Nicole D. (The Honorable)				00067957	
4	Date	5	Payee name					
	11/06/2023		DFW Airport Parking					
6	Amount (\$)	7	Payee address; City; State; Zi	ip Code	!			
	\$135.00		2600 Aviation Drive					
			DFW Airport , TX 75261					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	_{e)} (b	Description			
	OF EXPENDITURE		Transportation Equipment & Related				ide of Texas. Complete Schedule T.	
			Expense		Parking fee	, TX,	, officeholder living expense	
					Parking lee			
_								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office	e sough	t		Office held	
	Date		Payee name					
	08/04/2023		Darla's Florist					
-	Amount (\$)	-	Payee address; City; State; Zig	ip Code				
	\$117.43		6904 Blvd. 26	.p 0000				
	φ117.45		0004 Diva. 20					
			North Richland Hills, TX 76180					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	_{e)} (b	Description			
	OF EXPENDITURE		Gift/Awards/Memorials Expense				ide of Texas. Complete Schedule T.	
							, officeholder living expense	
					Fulleral Flow	eis	for fairing of constituent	
	Complete ONLY if direct		Candidate/Officeholder name Office	e sough	+		Office held	
	expenditure to benefit C/OI			e sough	L		Onice field	
_	Data							
	Date 11/07/2023		Payee name DoorDash					
	Amount (\$)		Payee address; City; State; Zip	ip Code	!			
	\$257.90		303 2nd Street					
			Suite 800					
			San Francisco, TX 94107					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	e) (b) Description			
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.	
						, TX,	, officeholder living expense	
					Office meal			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office	e sough	t		Office held	
	ospenditure to benefit C/O							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 22/44 Rpt: 32/56		Collier, Nicole D. (The Honorable)					00067957		
4	Date 09/01/2023		Payee name DoorDash							
6	Amount (\$) \$241.93									
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office meal 								
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date		Payee name							
	10/11/2023		Dropbox							
	Amount (\$) \$212.13									
			San Francisco, CA 94107							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Office Overhead/Rental Expense	is schedule)	(1		ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ion		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	sougl	nt		Office held		
	Date		Payee name							
	11/08/2023		Erenterplan							
	Amount (\$) \$268.00		Payee address; City; S 330 Commerce Suite 100 Irvine, CA 92602	tate; Zip	Code	9				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of th Office Overhead/Rental Expense	is schedule)	(1			ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	sougl	nt		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	rsement Solicitation/Fundraising Expense xpense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above) orm.					
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)				
-	Sch: 23/44 Rpt: 33/56	ollier, Nicole D. (The Honorable)		00067957				
4	Date 10/30/2023	ayee name xxon Fort Worth						
6	Amount (\$) \$73.80	7 Payee address; City; State; Zip Code 80 6635 Randol Mill Road Fort Worth, TX 76112						
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sc ransportation Equipment & Related xpense	Cheo Cheo	otion ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense expense - fuel				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held				
	Date	ayee name						
	09/19/2023	edEx Office						
	Amount (\$) \$389.14	ayee address; City; State D1 Houston Street ort Worth, TX 76102	; Zip Code					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sc ffice Overhead/Rental Expense	Cheo Cheo	otion ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense ative Handouts				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held				
	Date	ayee name						
	08/25/2023	edEx Office						
	Amount (\$) \$356.01	ayee address; City; State 01 Houston Street	e; Zip Code					
		ort Worth, TX 76102	i					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this sc ffice Overhead/Rental Expense	Cheo Cheo	otion ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense ative Handouts				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)												
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Com Credit Card Payment			Inmittee Legal Services	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense						Iraising Expense quipment & Related Expense strict category not listed above)	2	
1	Total pages Schedule F1:	5						3	Filer ID (Ethics Commission		ers)	
-	Sch: 24/44 Rpt: 34/56	2	Collier, Nicole D. (The Honorab	le)				3	00067957		(13)	
4	Date	5	Payee name									
	07/07/2023		FedEx Office									
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de						
	\$222.45		901 Houston Street									
			Fort Worth, TX 76102									
8	PURPOSE	(0)				(h)	Description					
ð	OF	(a)	Category (See Categories listed at the top		nedule)	(u)	Description	outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		Office Overhead/Rental Expens	e								
Legislative Handouts												
							0					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	(Dffice sou	ght			Office he	eld		
	Date		Payee name									
	12/26/2023		Frost Bank									
		-		Chata	. 7:2 0.2	ala						
	Amount (\$)		Payee address; City;	State;	; Zip Co	ue						
	\$8.00		PO Box 16509									
			Fort Worth, TX 76162									
	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Accounting/Banking	king						plete Schedule T.		
		Check if Austin, TX, officeholder living expense Monthly Service Charge - Banking										
							Monthly Serv	ice	Charge - Ba	anking		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	eld		
	Date		Payee name									
	10/25/2023		Frost Bank									
	Amount (\$)		Payee address; City;	State	; Zip Co	de						
	\$8.00		PO Box 16509									
	+0.00											
			Fort Worth, TX 76162									
	PURPOSE	(a)	Category (See Categories listed at the top	of this sch	nedule)	(b)	Description					
	OF EXPENDITURE		Accounting/Banking							plete Schedule T.		
									officeholder living			
							Monthly Serv	ice	charge - B	anking		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ght			Office he	eld		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2				3	Filer ID (Ethics Commission Filers)				
-	Sch: 25/44 Rpt: 35/56	2	Collier, Nicole D. (The Honorable)				00067957				
4	Date	5	Payee name								
	09/26/2023		Frost Bank								
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de						
	\$8.00		PO Box 16509								
			Fort Worth, TX 76162								
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	(alube	(b) Description						
	OF		Accounting/Banking	ouulo)		outsi	de of Texas. Complete Schedule T.				
EXPENDITURE Check if Austin, TX, officeholder living expense											
	Monthly Service Charge - bank fee						Charge - bank fee				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	Office sou	ght		Office held				
	Date		Payee name								
	11/06/2023		Gonzalez, Jessica (The Honorable)								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$962.50		400 Zang Blvd.	·							
			Suite 1214								
			Dallas, TX 75208		<i>"</i> 、						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outei	do of Toxas, Complete Schedule T				
	EXPENDITURE		Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
							gn Fundraiser Event expense				
	Complete ONLY if direct		Candidate/Officeholder name O	Office sou	ght		Office held				
expenditure to benefit C/OH											
Date Payee name											
	12/01/2023		Googlesuite								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
\$38.38 1600 Amphitheatre Parkway											
	+00.00										
Mountain View, CA 94043											
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	OF		Office Overhead/Rental Expense	,		outsi	de of Texas. Complete Schedule T.				
	EXPENDITURE						officeholder living expense				
					Website subs	scri	ption				
	Complete ONLY if direct		Candidate/Officeholder name O	Office sou	ght		Office held				
	expenditure to benefit C/OI	1									

EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense bommittee Legal Services 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)	2	
1	Total pages Schedule F1:	2	•					3	Filer ID (Ethics Commission File	arc)	
1	Sch: 26/44 Rpt: 36/56	2	Collier, Nicole D. (The Honorable))				3	00067957	513)	
4	Date	5	Payee name								
	11/01/2023		Googlesuite								
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de					
	\$38.38		1600 Amphitheatre Parkway								
			Mountain View, CA 94043								
8	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	nedule)	(b) [Description				
	OF EXPENDITURE		Office Overhead/Rental Expense		,	[-	outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE					[, officeholder living expense		
	Office subscription										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office held		
	Date		Payee name								
	10/02/2023		Googlesuite								
	Amount (\$)	┢	Payee address; City;	State	; Zip Co	de					
	\$21.75		1600 Amphitheatre Parkway		,						
			Mountain View, CA 94043								
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Office Overhead/Rental Expense	this sch	nedule)	[, тх,	ide of Texas. Complete Schedule T. , officeholder living expense ON		
	Complete ONLY if direct		Candidate/Officeholder name		Office sou	nht			Office held		
	expenditure to benefit C/Oł					.					
	Date		Payee name								
	09/01/2023		Googlesuite								
	Amount (\$)		Payee address; City;	State	; Zip Co	de					
	\$19.19		1600 Amphitheatre Parkway		,						
	\$10110										
			Mountain View, CA 94043								
	PURPOSE	(a)	Category (See Categories listed at the top of	this sch	nedule)	(b) [Description				
	OF EXPENDITURE		Office Overhead/Rental Expense			[(, тх,	ide of Texas. Complete Schedule T. , officeholder living expense ON		
-	Complete ONLY if direct	L(Candidate/Officeholder name	(Office sou	aht			Office held		
	expenditure to benefit C/Oł				2.1100 0000						
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen nmittee Legal Services The Instruction Guide e		Office Over Polling Exp Printing Exp Salaries/Wa	head ense pense ages/	e Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2		•				3	Filer ID	(Ethics Commission File	ers)
-	Sch: 27/44 Rpt: 37/56		Collier, Nicole D. (The Honorabl	e)					00067957		
4	Date	5	Payee name								
	08/01/2023		Googlesuite								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	de					
	\$19.19		1600 Amphitheatre Parkway								
			Mountain View, CA 94042								
_			Mountain View, CA 94043			<u> </u>					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of		nedule)	(b)	Description		. (7 0		
	EXPENDITURE		Office Overhead/Rental Expense	е					de of Texas. Com officeholder living		
							Office subscr			expense	
							embe cased	ipus			
9	Complete ONLY if direct		Candidate/Officeholder name		Office soug	ht			Office he		
9	expenditure to benefit C/OI			, c	Jince Soug	JIIL			Onice he	au	
	Date		Payee name								
	07/03/2023		Googlesuite								
	Amount (\$)	├	Payee address; City;	Stato	; Zip Coo						
	\$19.19			Siale,	, zip cot	JE					
	\$19.19 1600 Amphitheatre Parkway										
			Mountain View, CA 94043								
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	edule)	(b)	Description				
	OF		Office Overhead/Rental Expense		iouulo)		·	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			-			Check if Austin	, тх,	officeholder living	expense	
							Office subscr	ipti	on		
	Complete ONLY if direct		Candidate/Officeholder name	C	Office soug	ght			Office he	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	08/29/2023		Grace Tabernacle Church								
	Amount (\$)		Payee address; City;	State	; Zip Coo	1e					
	\$250.00		7261 Wichita Street	oluic,	, 20 000						
	φ200.00										
			Forest Hill, TX 76140								
	PURPOSE	(a)	Category (See Categories listed at the top of	of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Contributions/Donations Made E						de of Texas. Com		
			Candidate/Officeholder/Political	Comm	nittee			, TX,	officeholder living	expense	
							Donation				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ght			Office he	eld	

			EXPENDITURE CA	TEGORIE	ES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				ment/Reimbursement ead/Rental Expense nse ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME			-	3	Filer ID	(Ethics Commission Filers)
-	Sch: 28/44 Rpt: 38/56		Collier, Nicole D. (The Honorabl	e)				00067957	
4	Date 08/07/2023		Payee name Grand Hyatt Seattle						
6	Amount (\$) \$411.26		Payee address; City; 721 Pine Street Seattle, WA 98101	State; Z	Zip Cod	9			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Travel Out of District	of this schedu	ule) (і, тх, то	, officeholder living dations to at	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offi	ice sougl	nt		Office he	eld
	Date		Payee name						
	10/10/2023		Hill Country Springs						
	Amount (\$) \$173.77		Payee address; City; 10019 S IH 35 Frontage Road Austin, TX 78747	State; Z	Zip Cod	e			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Office Overhead/Rental Expense		ule) (ı, ТХ,	ide of Texas. Com , officeholder living ater	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Offi	ice sougl	nt		Office he	eld
	Date 09/11/2023		Payee name Hobby Lobby						
	Amount (\$) \$74.68		Payee address; City; 5020 S Hulen Street	State; Z	Zip Cod	e			
			Fort Worth, TX 76132						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Gift/Awards/Memorials Expense		ule) (1		ı, ТХ,	ide of Texas. Com , officeholder living I ution	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Offi	ice sougl	nt		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe mittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
_	Tatal warman Oak adula E4			explains	1000 10 001	inpiete this form.				
1	Total pages Schedule F1: Sch: 29/44 Rpt: 39/56		FILER NAME Collier, Nicole D. (The Honoral	ole)			3	Filer ID (Ethics Commission Filers) 00067957		
4	Date	5	Payee name							
	08/28/2023		Hobby Lobby							
6	Amount (\$)	7	Payee address; City;	State	; Zip Coo	de				
	\$73.60		5020 S Hulen Street							
			Fort Worth, TX 76132							
_	DUDDOCE	<u> </u>				(h) =				
8	PURPOSE OF		Category (See Categories listed at the top		nedule)	(b) Description	outo	ide of Toylog, Complete Schedule T		
	EXPENDITURE		Gift/Awards/Memorials Expens	е				ide of Texas. Complete Schedule T. , officeholder living expense		
						Frame for Re				
						Traine for re	.30			
_										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	jht		Office held		
	Date		Payee name							
	07/07/2023		JW Marriott							
	Amount (\$)		Payee address; City;	State	; Zip Co	10				
				State,	, zip cot					
	\$247.44		110 E. 2nd Street							
			Austin, TX 78701							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Travel Out of District	o of this sch	nedule)	Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense rel for legislative duties		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	(l Office souç	jht		Office held		
-	Date		Payee name							
	07/03/2023		JW Marriott							
	Amount (\$)		Payee address; City;	State	; Zip Coo	de				
	\$564.92		110 E. 2nd Street							
			Austin, TX 78701							
-	PURPOSE	(a)	Category (See Categories listed at the top	of the second	adula)	(b) Description				
	OF EXPENDITURE		Travel Out of District	o or this sch	iedule)	Check if travel	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense :el for legislative duties		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name	C	Dffice sou	Jht		Office held		
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 30/44 Rpt: 40/56	Collier, Nicole D. (The Honorable)	00067957							
4	Date	Payee name								
	09/05/2023	Marriott Marquis Washington								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$199.43	901 Massachusetts Ave NW								
		Washington , DC 20001								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE		utside of Texas. Complete Schedule T.							
			TX, officeholder living expense nodations to attend Vice President							
			onoring Black elected women							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/05/2023	National Black Caucus of State Legislators								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$575.00	444 N. Capitol Street NW								
		Suite 622								
		Washington, DC 20001								
	PURPOSE OF EXPENDITURE	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense rence Registration							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/23/2023	Nordstrom's								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$156.92	8687 N Central Expressway								
		Dallas, TX 75225								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense							
-	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	ains ł	Office Over Polling Exp Printing Exp Salaries/Wa	head ense bense ages/	e 'Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 31/44 Rpt: 41/56		Collier, Nicole D. (The Honorable)						00067957	· · ·
4	Date 12/19/2023	5	Payee name Office Depot							
6	Amount (\$) \$61.68		Payee address; City; S 401 Carroll Street Fort Worth, TX 76107	State;	Zip Coo	le				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of th Office Overhead/Rental Expense	nis sche	edule)			, TX,	de of Texas. Comp officeholder living pplies	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht			Office he	ld
	Date		Payee name							
	08/09/2023		Office Depot							
	Amount (\$) \$431.87		Payee address; City; S 401 Carroll Street	State;	Zip Coo	le				
	PURPOSE OF EXPENDITURE	<u> </u>	Fort Worth, TX 76107 Category (See Categories listed at the top of th Office Overhead/Rental Expense	nis sche	edule)			, TX,	de of Texas. Comp officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice soug	ht			Office he	ld
	Date		Payee name							
	11/15/2023		Omni Hotel							
	Amount (\$) \$186.76		Payee address; City; S 700 San Jacinto Blvd.	State;	Zip Coo	le				
			Austin, TX 78701		i					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of the Office Overhead/Rental Expense	nis sche	edule)			, тх,	de of Texas. Comp officeholder living el for legislati	expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht			Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, <u>-</u> I Comm	-	als Expense	Office Over Polling Exp Printing Exp Salaries/Wa			Travel in District Travel Out of Distr	uipment & Related Expense	
1	Total pages Schedule F1:	2 F	LER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 32/44 Rpt: 42/56	С	ollier, Nicole D. (The Ho	norable)				00067957		
4	Date 11/09/2023		ayee name mni Hotel							
6	Amount (\$) \$300.44	7	ayee address; City; 00 San Jacinto Blvd. ustin, TX 78701	State;	; Zip Coc	le				
8	PURPOSE OF EXPENDITURE		ategory (See Categories listed a ravel Out of District	tt the top of this scho	edule)	Check if Austir	η, TX,	ide of Texas. Compl , officeholder living e el to perform		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	С	Office soug	yht		Office hel	d	
	Date	P	ayee name							
	12/07/2023	Р	erkins, Inc							
	Amount (\$) \$285.48		ayee address; City; D266 Rockingham Drive	State;	; Zip Coc	de				
			acramento, CA 95827							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed a ffice Overhead/Rental E		edule)		η, TX,	ide of Texas. Compl , officeholder living e		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	Jht		Office hel	d	
	Date	P	ayee name							
	11/17/2023	Q	T Fort Worth							
	Amount (\$) \$25.04		ayee address; City; 101 Hemphill	State;	; Zip Coc	de				
		F	ort Worth, TX 76104							
	PURPOSE OF EXPENDITURE		ategory (See Categories listed a ravel In District	tt the top of this scho	edule)		η, TX,	ide of Texas. Compl , officeholder living e fuel		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate/Officeholder name	C	Office soug	jht		Office hel	d	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		B Filer ID (Ethics Commission Filers)							
-	Sch: 33/44 Rpt: 43/56	Collier, Nicole D. (The Honorable)	00067957							
4	Date 10/25/2023	5 Payee name QT Fort Worth								
6	Amount (\$) \$68.77	7 Payee address; City; State; Zip Code 1101 Hemphill Fort Worth, TX 76104								
8	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. 'X, officeholder living expense - fuel							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/16/2023	QT Fort Worth								
	Amount (\$) \$67.51	Payee address; City; State; Zip Code 1101 Hemphill Fort Worth, TX 76104								
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense - fuel							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	10/10/2023	QT Fort Worth								
	Amount (\$) \$70.28	Payee address; City; State; Zip Code 1101 Hemphill								
		Fort Worth, TX 76104								
	PURPOSE OF EXPENDITURE		itside of Texas. Complete Schedule T. X, officeholder living expense - fuel							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)							
	Sch: 34/44 Rpt: 44/56	Collier, Nicole D. (The Honorable)	00067957							
4	Date 10/04/2023	 Payee name QT Fort Worth 								
6	Amount (\$) \$43.03	7 Payee address; City; State; Zip Code 1101 Hemphill Fort Worth, TX 76104								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense - fuel							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	09/11/2023	QT Fort Worth								
	Amount (\$) \$74.22	Payee address; City; State; Zip Code 1101 Hemphill Fort Worth, TX 76104								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense - fuel							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	08/30/2023	QT Fort Worth								
	Amount (\$) \$77.02	Payee address; City; State; Zip Code 1101 Hemphill								
		Fort Worth, TX 76104								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense - fuel							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Committee Legal Services 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)							
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 35/44 Rpt: 45/56	Collier, Nicole D. (The Honorable)	00067957							
4	Date 08/25/2023	5 Payee name QT Fort Worth								
6	Amount (\$) \$78.34	7 Payee address; City; State; Zip Code 1101 Hemphill Fort Worth, TX 76104								
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense - fuel							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	07/06/2023	QT Fort Worth								
	Amount (\$) \$52.67	Payee address; City; State; Zip Code 1101 Hemphill Fort Worth, TX 76104								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense - fuel							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/14/2023	QT								
	Amount (\$) \$34.60	Payee address; City; State; Zip Code 6601 Brentwood Stair								
		Fort Worth, TX 76112								
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense - fuel							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 36/44 Rpt: 46/56	Collier, Nicole D. (The Honorable)	00067957							
4	Date 07/26/2023	Payee name Rally.org								
6	Amount (\$) \$227.25	Payee address; City; State; Zip Code 580 Howard Street #402 San Francisco, CA 94105								
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	12/26/2023	San Antonio Express News								
	Amount (\$) \$15.96	Payee address; City; State; Zip Code 420 Broadway								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense ubscription							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	11/16/2023	Shell Oil Austin								
	Amount (\$) \$31.10	Payee address;City;State;Zip Code1200 South IH 35								
		Round Rock, TX 78681								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense e - fuel							
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held							

		EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expens Imittee Legal Services The Instruction Guide ex		Office Ove Polling Exp Printing Ex Salaries/W	rhead/l ense pense ages/C	/Reimbursement Rental Expense Contract Labor e this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 37/44 Rpt: 47/56		Collier, Nicole D. (The Honorable	e)					00067957	(
4	Date 09/05/2023	5	Payee name Target								
6	Amount (\$) \$365.37		Payee address; City; 301 Carroll Street Fort Worth, TX 76107	State	; Zip Co	de					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top o Office Overhead/Rental Expense		nedule)			, TX,	officeholder living	plete Schedule T. g expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name								
	11/14/2023		Tarrant County Democratic Party	/							
	Amount (\$) \$750.00		Payee address; City; 685 John B Sias Memorial Parkv #400 Fort Worth, TX 76134		; Zip Co	de					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top o Office Overhead/Rental Expense		nedule)			, TX,	officeholder living	plete Schedule T. J expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	ght			Office he	eld	
	Date		Payee name								
	08/09/2023		Tarrant County Democratic Party	/							
	Amount (\$) \$600.00		Payee address; City; 685 John B Sias Memorial Parkv #400 Fort Worth, TX 76134		; Zip Co	de					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top o Event Expense	f this sch	iedule)		Check if Austin,	, TX,	officeholder living	plete Schedule T. g expense ty Opal Lee Luncheon	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	ght			Office he	eld	

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

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin	Overhea g Expense g Expense es/Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission File	rs)
	Sch: 39/44 Rpt: 49/56		Collier, Nicole D. (The Honorable)				00067957	,
4	Date	5	Payee name					
	09/11/2023		The Dock Bookshop					
6	Amount (\$)	7	Payee address; City; State; Zip	Code				
	\$25.00		6637 Meadowbrook Drive					
			Fort Worth, TX 76112					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By		· ·	outsi	de of Texas. Complete Schedule T.	
	EXPENDITORE		Candidate/Officeholder/Political Committee			, TX,	officeholder living expense	
					Donation			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office s	sought			Office held	
_	Date		Payee name					_
	08/10/2023		The Dock Bookshop					
	Amount (\$)		Payee address; City; State; Zip	Codo				
				Coue				
	\$25.00 6637 Meadowbrook Drive							
			Fort Worth, TX 76112					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By				de of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Committee		Donation	, TX,	officeholder living expense	
					Donation			
	Complete ONLY if direct		candidate/Officeholder name Office s	Sought			Office held	
	expenditure to benefit C/OI			ouynt			Office field	
_	Data	_						
	Date 07/10/2023		Payee name The Dock Bookshop					
			•	Codo				
	Amount (\$) \$25.00		Payee address; City; State; Zip 6637 Meadowbrook Drive	Coue				
	φ25.00		0037 Meadowblook Drive					
			Fort Worth TX 76112					
	51155005		Fort Worth, TX 76112					
	PURPOSE OF		Category (See Categories listed at the top of this schedule)	(0)	Description	nutsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee				officeholder living expense	
					Donation			
	Complete ONLY if direct		Candidate/Officeholder name Office s	sought			Office held	
	expenditure to benefit C/OI	Н						

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
	Sch: 40/44 Rpt: 50/56	Collier, Nicole D. (The Honorable)	00067957				
4	Date 10/18/2023	Payee name The Otis					
6	Amount (\$) \$216.41	Payee address; City; State; Zip Code 1901 San Antonio Austin, TX 78705 Austin, TX 78705					
8	PURPOSE OF EXPENDITURE	Check if Austin,	nutside of Texas. Complete Schedule T. TX, officeholder living expense notel for legislative duties				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	10/11/2023	The Otis					
	Amount (\$) \$185.13	Payee address; City; State; Zip Code 1901 San Antonio Austin, TX 78705					
	PURPOSE OF EXPENDITURE	Check if Austin,	nutside of Texas. Complete Schedule T. TX, officeholder living expense notel for legislative duties				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/13/2023	The Otis					
	Amount (\$) \$181.39	Payee address; City; State; Zip Code 1901 San Antonio					
		Austin, TX 78705					
	PURPOSE OF EXPENDITURE	Check if Austin,	uutside of Texas. Complete Schedule T. TX, officeholder living expense notel for legislative duties				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburs Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Salaries/Wages/Contract La The Instruction Guide explains how to complete this for	ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 41/44 Rpt: 51/56	Collier, Nicole D. (The Honorable)	00067957					
4	Date 12/14/2023	Payee name USPS						
6	Amount (\$) \$161.70	7 Payee address; City; State; Zip Code 251 W. Lancaster Fort Worth, TX 76102						
8	PURPOSE OF EXPENDITURE	Advertising Expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/23/2023	WOW Gallery						
	Amount (\$) \$153.98	Payee address; City; State; Zip Code 600 Pine Street 3rd Floor Seattle, WA 98101						
	PURPOSE OF EXPENDITURE		ON If travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense Ient gifts					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/07/2023	WOW Gallery						
	Amount (\$) \$219.80	Payee address; City; State; Zip Code 600 Pine Street 3rd Floor Seattle, WA 98101						
	PURPOSE OF EXPENDITURE		ON If travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense Ient gifts					
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held					

	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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 42/44 Rpt: 52/56	Collier, Nicole D. (The Honorable)	00067957					
4	Date 10/30/2023	Payee name Walmart Fort Worth						
6	Amount (\$) \$83.33	Payee address; City; State; Zip Code 8401 Anderson Blvd. Fort Worth, TX 76120						
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense SupplieS					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/28/2023	Walmart Fort Worth						
	Amount (\$) \$64.14	Payee address; City; State; Zip Code 8401 Anderson Blvd. Fort Worth, TX 76120						
	PURPOSE OF EXPENDITURE	 a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel of the schedule 	outside of Texas. Complete Schedule T. TX, officeholder living expense S					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/29/2023	Walmart Fort Worth						
	Amount (\$) \$522.98	Payee address;City;State;Zip Code8401 Anderson Blvd.						
		Fort Worth, TX 76120						
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense the Rep. event supplies and gifts					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 43/44 Rpt: 53/56	Collier, Nicole D. (The Honorable)	00067957				
4	Date 10/30/2023	Payee name Westin Hotel					
6	Amount (\$) \$439.54	Payee address;City;State; Zip Code310 E 5th StreetAustin, TX 78701					
8	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense notel for legislative duties				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	08/24/2023	Westin Hotel					
	Amount (\$) \$131.80	Payee address; City; State; Zip Code 310 E 5th Street Austin, TX 78701					
	PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel o Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense notel for legislative duties				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/26/2023	William Jennings Management Co.					
	Amount (\$) \$250.00	Payee address;City;State;Zip Code101 S. Jennings Avenue					
		Fort Worth, TX 76104					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense ice door repair				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1 Total pages Schedule F1:							3		5)
	Sch: 44/44 Rpt: 54/56		Collier, Nicole D. (The Honorabl	le)				00067957	
4	Date 10/26/2023	5	Payee name Wilson, Miles						
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	de			
	\$115.43		1100 Congress Avenue						
			Austin, TX 78701						
8	PURPOSE OF	(a)	Category (See Categories listed at the top		edule)	(b) Description			
	EXPENDITURE		Loan Repayment/Reimburseme	ent				ide of Texas. Complete Schedule T. , officeholder living expense	
								for Capitol meal	
9	Complete ONLY if direct		Candidate/Officeholder name	0	office soug	nht		Office held	
Ŭ	expenditure to benefit C/OI					jn.			
	Date		Payee name						
	09/08/2023		Wix						
	Amount (\$)		Payee address; City;	State;	Zip Coo	de			
	\$207.84		500 Terry A Francois Blvd.						
			San Francisco, CA 94158						
	PURPOSE OF	(a)	Category (See Categories listed at the top		edule)	(b) Description			
	EXPENDITURE	Office Overhead/Rental Expense				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
						Website expe			
	Complete <u>ONLY</u> if direct		Candidate/Officeholder name	0	office soug	ght		Office held	
	expenditure to benefit C/OI								
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Insti	ruction Guide explains	1 Total pages Schedule T: Sch: 1/2 Rpt: 55/56							
2 FILER NAME		3 Filer ID (Ethics Commission Filers)							
Collier, Nicole D	. (The Honorable)	00067957							
	or / Corporation or Labor Orga								
American Airlines									
5 Contribution / Expe	Contribution / Expenditure reported on:								
Schedule A2									
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC					
			Schedule II						
6 Dates of Travel 7 Name of person(s) traveling									
	Collier, Nicole								
	8 Departure city or name of	departure location							
08/31/2023	DFW								
	9 Destination city or name o	f destination location							
08/31/2023	Washington DC								
10 Means of transport	tation 11 Purpose of trav	el (including name of conf	erence, seminar, or	other event)					
Commercial Airp	Attend event	by Vice President Harri	s honoring Black	elected women					
Name of Contribut	or / Corporation or Labor Orga	nization / Pledgor /Payee							
American Airline	S								
Contribution / Expe	enditure reported on:								
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1				
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC					
Dates of Travel	Dates of Travel Name of person(s) traveling								
	Collier, Nicole								
	Departure city or name of	departure location							
08/31/2023	DFW								
	Destination city or name o	f destination location							
08/31/2023	Washington, DC								
Means of transport	tation Purpose of trav	el (including name of conf	erence, seminar, or	other event)					
Commercial Airp	Attend event	honoring Black elected	women hosted by	Vice President Harris					
Name of Contribut	or / Corporation or Labor Orga	nization / Pledgor /Payee							
American Airline		C <i>J</i>							
Contribution / Expe	enditure reported on:								
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1				
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC					
Dates of Travel	Name of person(s) travelir	ıg							
	Collier, Nicole								
	Departure city or name of departure location								
11/26/2023 DFW									
Destination city or name of destination location									
11/26/2023	11/26/2023 Nashville, TX								
Means of transpor	tation Purpose of trav	el (including name of conf	erence, seminar, or	other event)					
Commercial Airp	lane National Blac	k Caucus of State Legi	slators Annual Co	nference					
	<u> </u>								
1									

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	X Schedule F1			
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
6 Dates of Travel	Dates of Travel 7 Name of person(s) traveling								
	Collier, Nicole								
	8 Departure city or name of departure location								
08/03/2023									
	9 Destina	ation city or name	e of destination location						
08/03/2023	Seattle								
10 Means of transport	tation	11 Purpose of t	ravel (including name of	conference, seminar, or	other event)				
Commercial Airp	lane	Attend NB	CSL Western Health F	Forum					
			ganization / Pledgor /Pa	yee					
Marriott Marquis									
Contribution / Expe	enditure rep	ported on:							
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
Dates of Travel		of person(s) trav	eling						
	Collier	r, Nicole							
	Depart	ure city or name	of departure location						
08/31/2023	DFW								
	Destina	ation city or name	e of destination location						
08/31/2023	Washi	ngton, DC							
Means of transport		-		conference, seminar, or					
Commercial Airp	lane	Officeholde	er invited to attend Vic	e President Harris Eve	ent honoring Black elect	ed women			
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