

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00088279	<b>2</b> Total pages filed: 29				
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>			
		Katrina L.					
	NICKNAME	LAST	SUFFIX	Date Received <b>ELECTRONICALLY FILED</b> 02/05/2024			
		Pierson					
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked			
	609 Goliad St. #672 Rockwall, TX 75087			Receipt #			
				Amount			
				Date Processed			
				Date Imaged			
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
		Mrs.	Caitlyn B.				
	NICKNAME	LAST	SUFFIX				
		Tortorici					
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE						
	421 Office Park Dr.  Mountain Brook, AL 35223						
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(205)	440-2873					
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
<b>9</b> PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
		01/01/2024				01/25/2024	
<b>10</b> ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
		03/05/2024		<input type="checkbox"/> General	<input type="checkbox"/> Special		
<b>11</b> OFFICE	OFFICE HELD (if any)			<b>12</b> OFFICE SOUGHT (if known)			
				State Representative District 33			

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 29

<b>13 C / OH NAME</b> Pierson, Katrina L.	<b>14 Filer ID</b> (Ethics Commission Filers) 00088279
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b> <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.											
<table style="width:100%"> <tr> <td style="width:30%"><b>COMMITTEE TYPE</b></td> <td style="width:70%"><b>COMMITTEE NAME</b></td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2"><b>COMMITTEE ADDRESS</b></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER NAME</b></td> </tr> <tr> <td colspan="2"><b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b></td> </tr> </table>	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>				
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>										
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>										
	<input type="checkbox"/> SPECIFIC											
<b>COMMITTEE CAMPAIGN TREASURER NAME</b>												
<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>												

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	76,754.77
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	25,898.85
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	79,383.95
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

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

Katrina L. Pierson  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Pierson, Katrina L.		<b>19 Filer ID</b> (Ethics Commission Filers) 00088279
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 76,754.77
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 19,828.96
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 6,069.89
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/17 Rpt: 4/29
<b>2</b> FILER NAME Pierson, Katrina L.		<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ANDERSON, NIKKI <hr/> <b>6</b> Contributor address; City; State; Zip Code  RICHARDSON, TX 75082	<b>7</b> Amount of Contribution (\$)  \$26.03
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) AXTON, MICAH <hr/> Contributor address; City; State; Zip Code  FLOWER MOUND, TX 75022	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BELBEL, ROGER <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	Amount of Contribution (\$)  \$260.25
Principal occupation / Job title (See Instructions) CARDIOLOGIST		Employer (See Instructions) GREENVILLE CARDIOLOGY
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BENEDETTO, PAMELA <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BIRDSONG, JACK <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75032	Amount of Contribution (\$)  \$120.24
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/17 Rpt: 5/29
<b>2</b> FILER NAME Pierson, Katrina L.		<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BRIGGS, KARLA <hr/> <b>6</b> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	<b>7</b> Amount of Contribution (\$)  \$52.05
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BURNS, JETT <hr/> Contributor address; City; State; Zip Code  FREDERICKSBURG, TX 78624	Amount of Contribution (\$)  \$52.05
Principal occupation / Job title (See Instructions) TECHNOLOGY		Employer (See Instructions) WFW MANAGEMENT
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CALDWELL, SHARON <hr/> Contributor address; City; State; Zip Code  HEATH, TX 75032	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CALLAHAN, PATRICK <hr/> Contributor address; City; State; Zip Code  CHICAGO, IL 60640	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) LAW OFFICE OF JOSEPH J BOGDAN
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CANNAVO, GARY <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/17 Rpt: 6/29
<b>2</b> FILER NAME Pierson, Katrina L.		<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CHESHIRE, JOHN <hr/> <b>6</b> Contributor address; City; State; Zip Code  BEENBROOK, TX 76116	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) OWNER		<b>9</b> Employer (See Instructions) CHESHIRE INDUSTRIES
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CLABORN, MATT <hr/> Contributor address; City; State; Zip Code  ROWLETT, TX 75088	Amount of Contribution (\$)  \$20.24
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SELF EMPLOYED
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DAVIS, DWIGHT <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77093	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) NURSE PRACTITIONER		Employer (See Instructions) TEXAS DOT PHYSICALS
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DEROBIO, MICHAEL <hr/> Contributor address; City; State; Zip Code  SACHSE, TX 75048	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions) SOFTWARE		Employer (See Instructions) CHILDRENS HEALTH
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DEWBERRY, DIANE <hr/> Contributor address; City; State; Zip Code  FATE, TX 75189	Amount of Contribution (\$)  \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/17 Rpt: 7/29
<b>2</b> FILER NAME Pierson, Katrina L.		<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DINNEEN, JOHN <hr/> <b>6</b> Contributor address; City; State; Zip Code  JACKSONVILLE, FL 32202	<b>7</b> Amount of Contribution (\$)  \$33.00
<b>8</b> Principal occupation / Job title (See Instructions) INVESTMENTS		<b>9</b> Employer (See Instructions) SELF EMPLOYED
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FAMILY EMPOWERMENT COALITION PAC <hr/> Contributor address; City; State; Zip Code  AUSTIN, TX 78734	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) FITZGERALD, JAMES <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GILLESIE, SHERRY <hr/> Contributor address; City; State; Zip Code  HEATH, TX 75032	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GOTTLEABER, TERRI <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/17 Rpt: 8/29
<b>2</b> FILER NAME Pierson, Katrina L.		<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) GRUSENDORF, KENT <hr/> <b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78746	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) PRINCIPAL		<b>9</b> Employer (See Instructions) TEXAS LEGISLATIVE ASSOCIATES
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HARMON, CINDY <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	Amount of Contribution (\$)  \$20.24
Principal occupation / Job title (See Instructions) DENTAL HYGIENIST		Employer (See Instructions) DYER DENTISTRY
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HARMON, MICHAEL <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	Amount of Contribution (\$)  \$20.24
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HILGENDORF, RYAN <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75032	Amount of Contribution (\$)  \$52.05
Principal occupation / Job title (See Instructions) FLIGHT INSTRUCTOR		Employer (See Instructions) TERRELL AVIATION
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HILLERY, DENNIS <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/17 Rpt: 9/29
<b>2</b> FILER NAME Pierson, Katrina L.		<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HOFFMAN, BONNIE JO <hr/> <b>6</b> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	<b>7</b> Amount of Contribution (\$)  \$21.07
<b>8</b> Principal occupation / Job title (See Instructions) HOMEMAKER		<b>9</b> Employer (See Instructions) HOMEMAKER
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HOGAN, JERRY <hr/> Contributor address; City; State; Zip Code  HEATH, TX 75032	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HOOTEN, TOM <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HOPKINS, MONA <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75032	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HOWARD, KATHY <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75032	Amount of Contribution (\$)  \$21.07
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/17 Rpt: 10/29
<b>2</b> FILER NAME Pierson, Katrina L.		<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/21/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JEFFUS, JENNIFER <hr/> <b>6</b> Contributor address; City; State; Zip Code  FATE, TX 75189	<b>7</b> Amount of Contribution (\$)  \$21.07
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions) MESQUITE ISD
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) JEFFUS, MELBA <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	Amount of Contribution (\$)  \$21.07
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KAMESCH, MICHAEL <hr/> Contributor address; City; State; Zip Code  RICHARDSON, TX 75082	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) KIPPHUT, LORNA <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75032	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LAMB, TERESA <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75032	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/17 Rpt: 11/29
<b>2</b> FILER NAME Pierson, Katrina L.		<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LANZRATH, LARRY <hr/> <b>6</b> Contributor address; City; State; Zip Code  HEATH, TX 75032	<b>7</b> Amount of Contribution (\$)  \$26.03
<b>8</b> Principal occupation / Job title (See Instructions) REAL ESTATE		<b>9</b> Employer (See Instructions) SELF EMPLOYED
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LANZRATH, SARA <hr/> Contributor address; City; State; Zip Code  HEATH, TX 75032	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions) PROPERTY MANAGER		Employer (See Instructions) SELF EMPLOYED
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LAVERGNE, GIGI <hr/> Contributor address; City; State; Zip Code  WYLIE, TX 75098	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) INSURANCE		Employer (See Instructions) SELF EMPLOYED
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MAHROUM, ERIC <hr/> Contributor address; City; State; Zip Code  FORT WORTH, TX 76133	Amount of Contribution (\$)  \$260.25
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF EMPLOYED
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MARCHETTI, THOMAS <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75032	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/17 Rpt: 12/29
<b>2</b> FILER NAME Pierson, Katrina L.		<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/16/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MARTIN, SONJA <hr/> <b>6</b> Contributor address; City; State; Zip Code  ROCKWALL, TX 75032	<b>7</b> Amount of Contribution (\$)  \$20.24
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MASSA, DAVID <hr/> Contributor address; City; State; Zip Code  EAST PROSPECT, PA 17317	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCCARRON, ADELE <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	Amount of Contribution (\$)  \$36.44
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCGOWAN, RYAN <hr/> Contributor address; City; State; Zip Code  OLNEY, MD 20832	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) CHIEF EXECUTIVE OFFICER		Employer (See Instructions) ILA
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCLEMORE, PAM <hr/> Contributor address; City; State; Zip Code  RICHARDSON, TX 75082	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/17 Rpt: 13/29
<b>2</b> FILER NAME Pierson, Katrina L.		<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/23/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MCLEMORE, PAM <hr/> <b>6</b> Contributor address; City; State; Zip Code  RICHARDSON, TX 75082	<b>7</b> Amount of Contribution (\$)  \$20.24
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MILLER, THOMAS <hr/> Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78249	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) CONSULTING ENGINEERS
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) MORRIS, ROBERT <hr/> Contributor address; City; State; Zip Code  DALLAS, TX 75207	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) ENTREPRENEUR		Employer (See Instructions) SELF EMPLOYED
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) NASIM, LAURA <hr/> Contributor address; City; State; Zip Code  ARLINGTON, VA 22201	Amount of Contribution (\$)  \$21.07
Principal occupation / Job title (See Instructions) DEVELOPMENT		Employer (See Instructions) DEVELOPMENT
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'ROURKE, CAMEY <hr/> Contributor address; City; State; Zip Code  VIENNA, VA 22182	Amount of Contribution (\$)  \$21.07
Principal occupation / Job title (See Instructions) GRANTS ADMINISTRATOR		Employer (See Instructions) MERCATUS CENTER

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/17 Rpt: 14/29
<b>2</b> FILER NAME Pierson, Katrina L.		<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'ROURKE, PETER <hr/> <b>6</b> Contributor address; City; State; Zip Code  VIENNA, VA 22182	<b>7</b> Amount of Contribution (\$)  \$21.07
<b>8</b> Principal occupation / Job title (See Instructions) CONSULTING		<b>9</b> Employer (See Instructions) SELF EMPLOYED
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) OVERBY, STEVEN <hr/> Contributor address; City; State; Zip Code  GORMAN, TX 76454	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions) SUPERVISOR		Employer (See Instructions) BIRDSONG
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PARRISHSMITH, SARA <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75032	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) ESCROW OFFICER		Employer (See Instructions) RANGER TITLE CO
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PARSCALE, BRADLEY <hr/> Contributor address; City; State; Zip Code  MIDLAND, TX 79705	Amount of Contribution (\$)  \$260.25
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) JACKSON PARKER
Date 01/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PATE, ANTHONY K <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions) C12 CONSULTANT FOR CHRISTIAN CORPORATIONS		Employer (See Instructions) SELF EMPLOYED

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/17 Rpt: 15/29
<b>2</b> FILER NAME Pierson, Katrina L.		<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PHELPS, DAVID <hr/> <b>6</b> Contributor address; City; State; Zip Code  HEATH, TX 75032	<b>7</b> Amount of Contribution (\$)  \$260.25
<b>8</b> Principal occupation / Job title (See Instructions) CONSULTANT		<b>9</b> Employer (See Instructions) SELF EMPLOYED
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PLUNK, CHRISTY <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	Amount of Contribution (\$)  \$52.05
Principal occupation / Job title (See Instructions) ONLINE REPUTATION COORDINATOR		Employer (See Instructions) GLOBE LIFE
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) PRYOR, PAM <hr/> Contributor address; City; State; Zip Code  ARLINGTON, VA 22204	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions) COMMUNICATION		Employer (See Instructions) CORNERSTONE CHAPEL
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROHLFS, CHARLES <hr/> Contributor address; City; State; Zip Code  AURORA, IL 60502	Amount of Contribution (\$)  \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROLATER, DONNA <hr/> Contributor address; City; State; Zip Code  HEATH, TX 75032	Amount of Contribution (\$)  \$21.07
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 13/17 Rpt: 16/29
2 FILER NAME Pierson, Katrina L.		3 Filer ID (Ethics Commission Filers) 00088279
4 Date 01/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROLATER, DONNA	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  HEATH, TX 75032	
8 Principal occupation / Job title (See Instructions) COUNCIL MEMBER		9 Employer (See Instructions) CITY OF HEATH
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) ROTH, DOUGLAS	Amount of Contribution (\$) \$21.07
	Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	
Principal occupation / Job title (See Instructions) DIRECTOR OF SERVICES		Employer (See Instructions) CIENA
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SANCHEZ, ARMANDO	Amount of Contribution (\$) \$21.07
	Contributor address; City; State; Zip Code  FATE, TX 75189	
Principal occupation / Job title (See Instructions) BOH		Employer (See Instructions) BRINKER INTERNATIONAL
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SANDOVAL, CAMILO	Amount of Contribution (\$) \$104.10
	Contributor address; City; State; Zip Code  NEW YORK, NY 10011	
Principal occupation / Job title (See Instructions) CONSULTING		Employer (See Instructions) SELF EMPLOYED
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SENSKY, DESTIN	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  BENBROOK, TX 76116	
Principal occupation / Job title (See Instructions) SMALL BUSINESS OWNER		Employer (See Instructions) SELF EMPLOYED



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/17 Rpt: 17/29
<b>2</b> FILER NAME Pierson, Katrina L.		<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/17/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SLAMONS, CORINNA <hr/> <b>6</b> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	<b>7</b> Amount of Contribution (\$)  \$26.03
<b>8</b> Principal occupation / Job title (See Instructions) HOMEMAKER		<b>9</b> Employer (See Instructions) HOMEMAKER
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SMITH, EDIE <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) SMITH, JA'RON <hr/> Contributor address; City; State; Zip Code  HYATTSVILLE, MD 20785	Amount of Contribution (\$)  \$260.25
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF EMPLOYED
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STEFANSKY, YISROEL <hr/> Contributor address; City; State; Zip Code  BROOKLYN, NY 11230	Amount of Contribution (\$)  \$260.25
Principal occupation / Job title (See Instructions) ENTREPRENEUR		Employer (See Instructions) SELF EMPLOYED
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) STIBBENS, BEV <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75032	Amount of Contribution (\$)  \$21.07
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/17 Rpt: 18/29
<b>2</b> FILER NAME Pierson, Katrina L.		<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TASSET, BROWN <hr/> <b>6</b> Contributor address; City; State; Zip Code  ROYSE CITY, TX 75189	<b>7</b> Amount of Contribution (\$) \$21.07
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TEXANS UNITED FOR A CONSERVATIVE MAJORITY PAC <hr/> Contributor address; City; State; Zip Code  VICTORIA, TX 77901	Amount of Contribution (\$) \$50,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WACKER, KATHRYN <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WACKER, KATHRYN <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	Amount of Contribution (\$) \$21.07
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WALLIS, LAUREN <hr/> Contributor address; City; State; Zip Code  RICHARDSON, TX 75082	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) ACCOUNTANT		Employer (See Instructions) GNW SUPPLY

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/17 Rpt: 19/29
<b>2</b> FILER NAME Pierson, Katrina L.		<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WARNER, STEPHEN <hr/> <b>6</b> Contributor address; City; State; Zip Code  MURPHY, TX 75094	<b>7</b> Amount of Contribution (\$)  \$104.10
<b>8</b> Principal occupation / Job title (See Instructions) PRESIDENT		<b>9</b> Employer (See Instructions) BLINK TECHNOLOGY CONSULTING
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WEGNER, HEATHER <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	Amount of Contribution (\$)  \$21.07
Principal occupation / Job title (See Instructions) CHIEF OPERATING OFFICER		Employer (See Instructions) THETA STATE CONSULTING, INC.
Date 01/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WESTPHAL, GARY <hr/> Contributor address; City; State; Zip Code  ROYSE CITY, TX 75189	Amount of Contribution (\$)  \$220.24
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WICKLAND, LEE <hr/> Contributor address; City; State; Zip Code  HEATH, TX 75126	Amount of Contribution (\$)  \$26.03
Principal occupation / Job title (See Instructions) CHOCOLATIER AND BAKER		Employer (See Instructions) WICKLAND'S CANDIES AND CONFECTIONS
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WILCOX, RICHARD <hr/> Contributor address; City; State; Zip Code  ROCKWALL, TX 75087	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/17 Rpt: 20/29
<b>2</b> FILER NAME Pierson, Katrina L.		<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WINKLER, SUMMER	<b>7</b> Amount of Contribution (\$) \$104.10
<b>6</b> Contributor address; City; State; Zip Code  HEATH, TX 75032		
<b>8</b> Principal occupation / Job title (See Instructions) REALTOR		<b>9</b> Employer (See Instructions) SELF EMPLOYED
Date 01/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WITTIG, JEANINE	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code  ROCKWALL, TX 75087		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WRIGHT, CHARLES	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  ROCKWALL, TX 75032		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/6 Rpt: 21/29	<b>2</b> FILER NAME Pierson, Katrina L.	<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/22/2024	<b>5</b> Payee name BLUESTONE CREATIVES, LLC	
<b>6</b> Amount (\$) \$2,886.62	<b>7</b> Payee address; City; State; Zip Code 5900 BALCONES DRIVE  AUSTIN, TX 78731	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense WEB SERVICE
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2024	Payee name BLUESTONE CREATIVES, LLC	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 5900 BALCONES DRIVE  AUSTIN, TX 78731	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2024	Payee name BLUESTONE CREATIVES, LLC	
Amount (\$) \$1,150.00	Payee address; City; State; Zip Code 5900 BALCONES DRIVE  AUSTIN, TX 78731	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREATIVE DESIGN SERVICES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/6 Rpt: 22/29	<b>2</b> FILER NAME Pierson, Katrina L.	<b>3</b> Filer ID (Ethics Commission Filers) 00088279
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<b>4</b> Date 01/24/2024	<b>5</b> Payee name CROSBY OTTENHOFF GROUP
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<b>6</b> Amount (\$) \$1,821.25	<b>7</b> Payee address; City; State; Zip Code 611 PENNSYLVANIA AVE SE #267  WASHINGTON, DC 20003
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/22/2024	Payee name KEEPERS PRESS, LLC
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Amount (\$) \$3,252.91	Payee address; City; State; Zip Code 520 LORNA VISTA  HEATH, TX 75032
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/16/2024	Payee name VALENTINES DIRECT MARKETING LLC
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Amount (\$) \$9,861.73	Payee address; City; State; Zip Code 14243 PROTON RD  FARMERS BRANCH, TX 75244
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING / POSTAGE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/6 Rpt: 23/29	<b>2</b> FILER NAME Pierson, Katrina L.	<b>3</b> Filer ID (Ethics Commission Filers) 00088279
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<b>4</b> Date 01/02/2024	<b>5</b> Payee name WINRED TECHNICAL SERVICES, LLC
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<b>6</b> Amount (\$) \$214.70	<b>7</b> Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/04/2024	Payee name WINRED TECHNICAL SERVICES, LLC
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Amount (\$) \$35.68	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/05/2024	Payee name WINRED TECHNICAL SERVICES, LLC
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Amount (\$) \$8.43	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/6 Rpt: 24/29	<b>2</b> FILER NAME Pierson, Katrina L.	<b>3</b> Filer ID (Ethics Commission Filers) 00088279
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<b>4</b> Date 01/08/2024	<b>5</b> Payee name WINRED TECHNICAL SERVICES, LLC
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<b>6</b> Amount (\$) \$4.10	<b>7</b> Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/09/2024	Payee name WINRED TECHNICAL SERVICES, LLC
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Amount (\$) \$8.21	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/10/2024	Payee name WINRED TECHNICAL SERVICES, LLC
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Amount (\$) \$31.53	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/6 Rpt: 25/29	<b>2</b> FILER NAME Pierson, Katrina L.	<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/11/2024	<b>5</b> Payee name WINRED TECHNICAL SERVICES, LLC	
<b>6</b> Amount (\$) \$2.13	<b>7</b> Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/12/2024	Payee name WINRED TECHNICAL SERVICES, LLC	
Amount (\$) \$3.04	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/17/2024	Payee name WINRED TECHNICAL SERVICES, LLC	
Amount (\$) \$4.85	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/6 Rpt: 26/29	<b>2</b> FILER NAME Pierson, Katrina L.	<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/22/2024	<b>5</b> Payee name WINRED TECHNICAL SERVICES, LLC	
<b>6</b> Amount (\$) \$43.78	<b>7</b> Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate/Officeholder name		
Office sought		
Office held		

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/3 Rpt: 27/29	<b>2</b> FILER NAME Pierson, Katrina L.	<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/08/2024	<b>5</b> Payee name AMERICAN AIRLINES	
<b>6</b> Amount (\$) \$49.95  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1 SKYVIEW DR  FORT WORTH, TX 76155	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  WEB SERVICE
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/01/2024	Payee name BLUE RIBBON NEWS LLC	
Amount (\$) \$2,655.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 967  ROCKWALL, TX 75087	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  NEWSPAPER PRINT
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/15/2024	Payee name MAILCHIMP	
Amount (\$) \$191.88  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 675 PONCE DE LEON AVE NE STE 5000 ATLANTA, GA 30308	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  EMAIL MARKETING SERVICE
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 2/3 Rpt: 28/29	<b>2</b> FILER NAME Pierson, Katrina L.	<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/12/2024	<b>5</b> Payee name MINUTEMEN PRESS ROCKWALL	
<b>6</b> Amount (\$) \$382.88  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1104 B RIDGE ROAD  ROCKWALL, TX 75087	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING / POSTAGE
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/24/2024	Payee name REPUBLICAN PARTY OF ROCKWALL COUNTY	
Amount (\$) \$2,500.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 863  ROCKWALL, TX 75087	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSORSHIPS
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/24/2024	Payee name ROCKWALL COUNTY REPUBLICAN WOMEN	
Amount (\$) \$40.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 1354  ROCKWALL, TX 75087	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSORSHIPS
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 3/3 Rpt: 29/29	<b>2</b> FILER NAME Pierson, Katrina L.	<b>3</b> Filer ID (Ethics Commission Filers) 00088279
<b>4</b> Date 01/18/2024	<b>5</b> Payee name THE BAGEL LADY HEATH	
<b>6</b> Amount (\$) \$8.22  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 207 LAURENCE DRIVE  HEATH, TX 75032	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 01/16/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$194.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 475 L'ENFANT PLAZA SW  WASHINGTON, DC 20260	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 01/03/2024	Payee name WINGSTOP	
Amount (\$) \$47.96  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2435 RIDGE ROAD  ROCKWALL, TX 75087	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held